Form NLRB - 501 (2-08)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

CHARGE AGAINST EMPLOYER

INSTRUCTIONS:

DO NOT WRITE IN THIS SPACE

Case Date Filed

10-CA-284608 10-15-2021

		10-CA-284608	10-15-2021			
File an original of this charge with NLRB Regional	Director in which the alleged unfair labor p	ractice occurred or is occurring.				
<u></u>	EMPLOYER AGAINST WHOM CHARGE					
a. Name of Employer		b. Tel. No.				
UNITED LAUNCH ALLIANCE		303-269-5838				
	c. Cell No.					
d. Address (street, city, state ZIP code)	a Employer Dance autation		· · · · · · · · · · · · · · · · · · ·			
1001 RED HAT RD.	e. Employer Representative AMANDA BROUGH,	f. Fax No.				
DECATUR, AL 35601	LR MANAGER	g. e-Mail				
DECATOR, AL 33001	LR MANAGER		DUGH@ULALAUNCH.COM			
		7 110 11 12 11 12 11 12	ACCHIEGE TENOROLI COM			
		h. Dispute Location				
		DECATUR, A				
	<u> </u>					
i. Type of Establishment (factory, nursing home,	j. Principal Product or Service	I	rs at dispute location			
hotel) FACTORY	ROCKET BUILDING AND	500				
PACTORT	LAUNCHING					
I. The above-named employer has engaged in and	is engaging unfair labor practices within the	ne meaning of section 8(a), subs	sections (1,5) of the National			
Labor Relations Act, and these unfair labor practic	es are practices affecting commerce within	the meaning of the Act, or thes	e unfair labor practices are			
unfair practices affecting commerce within the me	aning of the Act and the Postal Reorganiza	tion Act.				
2. Basis of the Charge (set forth a clear and concise state	ement of the facts constituting the alleged unfair is	abor practices)				
(PLEASE SEE ATTACHMENT.)						
, ,						
3. Full name of party filing charge (if labor organiza	ation, give full name, including local name a	and number)				
International Association of Machinists 4a. Address (street and number, city, state, and Z	B and Aerospace Workers, AFL-CI					
4a. Address (street and number, city, state, and 2)	r code)	4b. Tel. No.	10			
1521 N. Cooper St., Suite 250		(817) 505-010 4c. Cell No.	<u> </u>			
		4c. Cell No.				
Arlington, TX 76011		4d. Fax No.				
		(817) 459-010	17			
		4e. e-Mail				
5. Full name of national or international labor orga	nization of which it is an affiliate or constitu	ent unit (<i>to be filled in when cha</i>	rge is filed by a labor			
organization)						
International Association of Machinists	and Aaroonago Workers AEL Cu	^ ·				
International Association of Wachings	and Aerospace Workers, AFL-Cit	5				
6. DECLARATION		Tel. No.				
I declare that I have read the above charge a	nd that the statements are true to the be	st of (817) 505-0100				
my knowledge and belief.		(611) 666 6186				
	James R. Little,	Cell No.				
Claus V 1	Grand Lodge Represent	ative (682) 401-7835				
(signature of representative or person making c						
(Algundative of person making co	naige) Fillit Haine and Title	Fax No. (817) 450 0107				
Address: 1521 N. Cooper St., Suite 250	Date:	(817) 459-0107				
, ,	10/15/2021	e-Mail ilittle@iamaw.or				
Arlington, TX 76011	10/10/2021	jlittle@iamaw.or	y			

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

ATTACHMENT:

Within the last six months, the above-named Employer, through its officers, agents and representatives, has interfered with, restrained and coerced, and is interfering with, restraining and coercing employees of United Launch Alliance in the exercise of their rights guaranteed in Section 7 of the Act.

Since on or about September 1, 2021 and at all times thereafter, the Employer, by its officers, agents, and representatives, has refused to bargain in good faith with the International Association of Machinists and Aerospace Workers, AFL-CIO, a labor organization chosen by a majority of its employees in an appropriate unit, for the purpose of collective bargaining in respect to rates of pay, wages, hours of employment, and other terms and conditions of employment.

Specifically, the company has made several unilateral changes to what was agreed upon at bargaining, changes were made without notification or bargaining with the Union. The company has also denied information requests relevant to the chages.



REGION 10 401 W. Peachtree Street, NE Suite 472 Atlanta, GA 30308

Agency Website: www.nlrb.gov Telephone: (404)331-2896 Fax: (404)331-2858 October 15, 2021

Download NLRB Mobile App

James R. Little, Grand Lodge Representative International Association of Machinists and Aerospace Workers, AFL-CIO 1521 N. Cooper St., Suite 250 Arlington, TX 76011

> Re: United Launch Alliance Case 10-CA-284608

Dear Mr. Little:

The charge that you filed in this case on October 15, 2021 has been docketed as case number 10-CA-284608. This letter tells you how to contact the Board agent who will be investigating the charge, explains your right to be represented, discusses presenting your evidence, and provides a brief explanation of our procedures, including how to submit documents to the NLRB.

<u>Investigator</u>: This charge is being investigated by Field Attorney NATHAN K. GILBERT whose telephone number is (205)518-7526. The mailing address is 1130 22ND ST S RIDGE PARK PLACE STE 3400, BIRMINGHAM, AL 35205-2885. If this Board agent is not available, you may contact Resident Officer KATHERINE CHAHROURI whose telephone number is (205)518-7511.

<u>Right to Representation</u>: You have the right to be represented by an attorney or other representative in any proceeding before us. If you choose to be represented, your representative must notify us in writing of this fact as soon as possible by completing *Form NLRB-4701*, *Notice of Appearance*. This form is available on our website, <u>www.nlrb.gov</u>, or from an NLRB office upon your request.

If you are contacted by someone about representing you in this case, please be assured that no organization or person seeking your business has any "inside knowledge" or favored relationship with the National Labor Relations Board. Their knowledge regarding this proceeding was only obtained through access to information that must be made available to any member of the public under the Freedom of Information Act.

Presentation of Your Evidence: As the party who filed the charge in this case, it is your responsibility to meet with the Board agent to provide a sworn affidavit, or provide other witnesses to provide sworn affidavits, and to provide relevant documents within your possession. Because we seek to resolve labor disputes promptly, you should be ready to promptly present your affidavit(s) and other evidence. If you have not yet scheduled a date and time for the Board agent to take your affidavit, please contact the Board agent to schedule the affidavit(s). If you fail to cooperate in promptly presenting your evidence, your charge may be dismissed without investigation.

<u>Preservation of all Potential Evidence:</u> Please be mindful of your obligation to preserve all relevant documents and electronically stored information (ESI) in this case, and to take all steps

necessary to avoid the inadvertent loss of information in your possession, custody or control. Relevant information includes, but is not limited to, paper documents and all ESI (e.g. SMS text messages, electronic documents, emails, and any data created by proprietary software tools) related to the above-captioned case.

<u>Prohibition on Recording Affidavit Interviews:</u> It is the policy of the General Counsel to prohibit affiants from recording the interview conducted by Board agents when subscribing Agency affidavits. Such recordings may impede the Agency's ability to safeguard the confidentiality of the affidavit itself, protect the privacy of the affiant and potentially compromise the integrity of the Region's investigation.

<u>Correspondence</u>: All documents submitted to the Region regarding your case MUST be filed through the Agency's website, <u>www.nlrb.gov</u>. This includes all formal pleadings, briefs, as well as affidavits, documentary evidence, and position statements. The Agency requests all evidence submitted electronically to be in the form it is normally used and maintained in the course of business (i.e., native format). Where evidence submitted electronically is not in native format, it should be submitted in a manner that retains the essential functionality of the native format (i.e., in a machine-readable and searchable electronic format).

If you have questions about the submission of evidence or expect to deliver a large quantity of electronic records, please promptly contact the Board agent investigating the charge. If you cannot e-file your documents, you must provide a statement explaining why you do not have access to the means for filing electronically or why filing electronically would impose an undue burden.

In addition, this Region will be issuing case-related correspondence and documents, including complaints, compliance specifications, dismissal letters, deferral letters, and withdrawal letters, electronically to the email address you provide. Please ensure that you receive important case-related correspondence, please ensure that the Board Agent assigned to your case has your preferred email address. These steps will ensure that you receive correspondence faster and at a significantly lower cost to the taxpayer. If there is some reason you are unable to receive correspondence via email, please contact the agent assigned to your case to discuss the circumstances that prevent you from using email.

Information about the Agency, the procedures we follow in unfair labor practice cases and our customer service standards is available on our website, www.nlrb.gov or from an NLRB office upon your request. NLRB Form 4541, Investigative Procedures offers information that is helpful to parties involved in an investigation of an unfair labor practice charge.

We can provide assistance for persons with limited English proficiency or disability. Please let us know if you or any of your witnesses would like such assistance.

Very truly yours,

Regional Director



REGION 10 401 W. Peachtree Street, NE Suite 472 Atlanta, GA 30308

Agency Website: www.nlrb.gov Telephone: (404)331-2896

Fax: (404)331-2858

Download **NLRB** Mobile App

October 15, 2021

Amanda Brough, LR Manager United Launch Alliance 1001 Red Hat Rd. Decatur, AL 35601

> Re: United Launch Alliance Case 10-CA-284608

Dear Mrs. Brough:

Enclosed is a copy of a charge that has been filed in this case. This letter tells you how to contact the Board agent who will be investigating the charge, explains your right to be represented, discusses presenting your evidence, and provides a brief explanation of our procedures, including how to submit documents to the NLRB.

Investigator: This charge is being investigated by Field Attorney NATHAN K. GILBERT whose telephone number is (205)518-7526. The mailing address is 1130 22ND ST S RIDGE PARK PLACE STE 3400, BIRMINGHAM, AL 35205-2885. If this Board agent is not available, you may contact Resident Officer KATHERINE CHAHROURI whose telephone number is (205)518-7511.

Right to Representation: You have the right to be represented by an attorney or other representative in any proceeding before us. If you choose to be represented, your representative must notify us in writing of this fact as soon as possible by completing Form NLRB-4701, Notice of Appearance. This form is available on our website, www.nlrb.gov, or from an NLRB office upon your request.

If you are contacted by someone about representing you in this case, please be assured that no organization or person seeking your business has any "inside knowledge" or favored relationship with the National Labor Relations Board. Their knowledge regarding this proceeding was only obtained through access to information that must be made available to any member of the public under the Freedom of Information Act.

Presentation of Your Evidence: We seek prompt resolutions of labor disputes. Therefore, I urge you or your representative to submit a complete written account of the facts and a statement of your position with respect to the allegations set forth in the charge as soon as possible. If the Board agent later asks for more evidence, I strongly urge you or your representative to cooperate fully by promptly presenting all evidence relevant to the investigation. In this way, the case can be fully investigated more quickly.

Full and complete cooperation includes providing witnesses to give sworn affidavits to a Board agent, and providing all relevant documentary evidence requested by the Board agent. Sending us your written account of the facts and a statement of your position is not enough to be considered full and complete cooperation. A refusal to fully cooperate during the investigation might cause a case to be litigated unnecessarily.

In addition, either you or your representative must complete the enclosed Commerce Questionnaire to enable us to determine whether the NLRB has jurisdiction over this dispute. If you recently submitted this information in another case, or if you need assistance completing the form, please contact the Board agent.

We will not honor requests to limit our use of position statements or evidence. Specifically, any material you submit may be introduced as evidence at a hearing before an administrative law judge regardless of claims of confidentiality. However, certain evidence produced at a hearing may be protected from public disclosure by demonstrated claims of confidentiality.

Further, the Freedom of Information Act may require that we disclose position statements or evidence in closed cases upon request, unless an exemption applies, such as those protecting confidential financial information or personal privacy interests.

<u>Preservation of all Potential Evidence:</u> Please be mindful of your obligation to preserve all relevant documents and electronically stored information (ESI) in this case, and to take all steps necessary to avoid the inadvertent loss of information in your possession, custody or control. Relevant information includes, but is not limited to, paper documents and all ESI (e.g. SMS text messages, electronic documents, emails, and any data created by proprietary software tools) related to the above-captioned case.

<u>Prohibition on Recording Affidavit Interviews:</u> It is the policy of the General Counsel to prohibit affiants from recording the interview conducted by Board agents when subscribing Agency affidavits. Such recordings may impede the Agency's ability to safeguard the confidentiality of the affidavit itself, protect the privacy of the affiant and potentially compromise the integrity of the Region's investigation.

<u>Correspondence:</u> All documents submitted to the Region regarding your case MUST be filed through the Agency's website, <u>www.nlrb.gov</u>. This includes all formal pleadings, briefs, as well as affidavits, documentary evidence, and position statements. The Agency requests all evidence submitted electronically to be in the form it is normally used and maintained in the course of business (i.e., native format). Where evidence submitted electronically is not in native format, it should be submitted in a manner that retains the essential functionality of the native format (i.e., in a machine-readable and searchable electronic format).

If you have questions about the submission of evidence or expect to deliver a large quantity of electronic records, please promptly contact the Board agent investigating the charge. If you cannot e-file your documents, you must provide a statement explaining why you do not

have access to the means for filing electronically or why filing electronically would impose an undue burden.

In addition, this Region will be issuing case-related correspondence and documents, including complaints, compliance specifications, dismissal letters, deferral letters, and withdrawal letters, electronically to the email address you provide. Please ensure that you receive important case-related correspondence, please ensure that the Board Agent assigned to your case has your preferred email address. These steps will ensure that you receive correspondence faster and at a significantly lower cost to the taxpayer. If there is some reason you are unable to receive correspondence via email, please contact the agent assigned to your case to discuss the circumstances that prevent you from using email.

Information about the Agency, the procedures we follow in unfair labor practice cases and our customer service standards is available on our website, www.nlrb.gov or from an NLRB office upon your request. NLRB Form 4541, Investigative Procedures offers information that is helpful to parties involved in an investigation of an unfair labor practice charge.

We can provide assistance for persons with limited English proficiency or disability. Please let us know if you or any of your witnesses would like such assistance.

Very truly yours,

LISA Y. HENDERSON Regional Director

Enclosures:

- 1. Copy of Charge
- 2. Commerce Questionnaire

FORM NLRB-5081 (3-11)	NATIONAL LABOR RELA	ATIONS BOARD			
	ONNAIRE ON COMME	RCE INFORMATION			
Please read carefully, answer all applicable items, and re			ge and id	entify item number.	
CASE NAME				NUMBER	
			10-CA-2	284608	
1. EXACT LEGAL TITLE OF ENTITY (As filed w	rith State and/or stated in legal	documents forming entity)			
2. TYPE OF ENTITY					
[] CORPORATION [] LLC [] LLP [] PARTNERSHIP [] SOLI	E PROPRIETORSHIP [] OTH	ER (Spec	ify)	
3. IF A CORPORATION or LLC					
A. STATE OF INCORPORATION	B. NAME, ADDRESS, AND	RELATIONSHIP (e.g. parent, subsi	diary) OI	F ALL RELATED EN	NTITIES
OR FORMATION					
4. IF AN LLC OR ANY TYPE OF PARTNERSHI	P, FULL NAME AND ADDRI	ESS OF ALL MEMBERS OR PAR	TNERS		
	,				
5. IF A SOLE PROPRIETORSHIP, FULL NAME	AND ADDRESS OF PROPRI	IETOR			
6. BRIEFLY DESCRIBE THE NATURE OF YOU	JR OPERATIONS (Products he	andled or manufactured, or nature of	services	performed).	
7A. PRINCIPAL LOCATION:	7B. BRANC	H LOCATIONS:			
8. NUMBER OF PEOPLE PRESENTLY EMPLO	YED				
A. TOTAL:	B. AT THE ADDRESS INVO				
A. TOTAL: 9. DURING THE MOST RECENT (Check the app			AL YEA) NO
9. DURING THE MOST RECENT (Check the app	ropriate box): [] CALENDAR	R []12 MONTHS or []FISC		R (FYDATESYES	NO NO
DURING THE MOST RECENT (Check the app A. Did you provide services valued in excess of \$50,0 \$	ropriate box): [] CALENDAE	e your State? If no, indicate actual va	lue.) NO
DURING THE MOST RECENT (Check the app A. Did you provide services valued in excess of \$50,0 \$	ropriate box): [] CALENDAE Output Control Co	e your State? If no, indicate actual va	lue.		NO NO
DURING THE MOST RECENT (Check the app A. Did you provide services valued in excess of \$50,0 \$ B. If you answered no to 9A, did you provide service goods valued in excess of \$50,000 from directly out	ropriate box): [] CALENDAE Output Control Co	e your State? If no, indicate actual va	lue.		NO NO
DURING THE MOST RECENT (Check the app A. Did you provide services valued in excess of \$50,0 \$	ropriate box): [] CALENDAE Output directly to customers outside s valued in excess of \$50,000 to ttside your State? If no, indicate	e your State? If no, indicate actual vacustomers in your State who purchas the value of any such services you	lue.		NO NO
DURING THE MOST RECENT (Check the app A. Did you provide services valued in excess of \$50,0 \$	propriate box): [] CALENDAE Output directly to customers outside s valued in excess of \$50,000 to tiside your State? If no, indicate services valued in excess of \$50	e your State? If no, indicate actual va customers in your State who purchas the value of any such services you 0,000 to public utilities, transit system	lue.		NO NO
DURING THE MOST RECENT (Check the app Did you provide services valued in excess of \$50,0 \$	propriate box): [] CALENDAE Outline of the control of the contro	e your State? If no, indicate actual value of any such services you 0,000 to public utilities, transit system ducational institutions, or retail conce	lue. ed us, ems?		NO NO
A. Did you provide services valued in excess of \$50,0 \$	propriate box): [] CALENDAE Outline of the control of the contro	e your State? If no, indicate actual value of any such services you 0,000 to public utilities, transit system ducational institutions, or retail conce	lue. ed us, ems?		NO NO
DURING THE MOST RECENT (Check the app Did you provide services valued in excess of \$50,0 \$	propriate box): [] CALENDAR COORDINATE CONTROL CONTRO	e your State? If no, indicate actual vacustomers in your State who purchas the value of any such services you 0,000 to public utilities, transit system ducational institutions, or retail concerts your State? If less than \$50,000, income of the your State? If less than \$50,000, income of the your State?	lue. ed is, ms?		NO NO
Did you provide services valued in excess of \$50,0 \$ B. If you answered no to 9A, did you provide service goods valued in excess of \$50,000 from directly our provided. \$ C. If you answered no to 9A and 9B, did you provide newspapers, health care institutions, broadcasting s If less than \$50,000, indicate amount. \$ D. Did you sell goods valued in excess of \$50,000 directly amount. \$	propriate box): [] CALENDAR COORDINATE CONTROL CONTRO	e your State? If no, indicate actual vacustomers in your State who purchas the value of any such services you 0,000 to public utilities, transit system ducational institutions, or retail concerts your State? If less than \$50,000, inco customers located inside your State	lue. ed ss, sms?		NO NO
D. Did you provide services valued in excess of \$50,0 \$	ropriate box): [] CALENDAR 000 directly to customers outside s valued in excess of \$50,000 to tiside your State? If no, indicate services valued in excess of \$50 tations, commercial buildings, ed ectly to customers located outsid d in excess of \$50,000 directly to from directly outside your State	e your State? If no, indicate actual vacustomers in your State who purchas the value of any such services you 0,000 to public utilities, transit system ducational institutions, or retail concerve your State? If less than \$50,000, indicate among the content of the polynomial of the polynomial institution o	ed ss, sms?		NO NO
D. Did you provide services valued in excess of \$50,0 \$	ropriate box): [] CALENDAR 000 directly to customers outside s valued in excess of \$50,000 to tiside your State? If no, indicate services valued in excess of \$50 tations, commercial buildings, ed ectly to customers located outsid d in excess of \$50,000 directly to from directly outside your State	e your State? If no, indicate actual vacustomers in your State who purchas the value of any such services you 0,000 to public utilities, transit system ducational institutions, or retail concerve your State? If less than \$50,000, indicate among the content of the polynomial of the polynomial institution o	ed ss, sms?		NO NO
D. Did you provide services valued in excess of \$50,0 \$	propriate box): [] CALENDAR CONTROL C	e your State? If no, indicate actual vacustomers in your State who purchas the value of any such services you 0,000 to public utilities, transit system ducational institutions, or retail concerns your State? If less than \$50,000, indicate amountside your State? If less than \$50,000 indicate actual your State?	ed ss, sms? dicate who ant.		NO NO
A. Did you provide services valued in excess of \$50,0 \$	propriate box): [] CALENDAE Output description of the control of	e your State? If no, indicate actual vacustomers in your State who purchas the value of any such services you 0,000 to public utilities, transit system ducational institutions, or retail concerve your State? If less than \$50,000, indicate among the your State? If less than \$50,000 indicate among the your State? If less than \$50,000 who received the goods directly from	ed ss, sms? dicate who ant.		NO NO
A. Did you provide services valued in excess of \$50,0 \$	ropriate box): [] CALENDAE 000 directly to customers outside s valued in excess of \$50,000 to ttside your State? If no, indicate services valued in excess of \$50 tations, commercial buildings, ed ectly to customers located outside d in excess of \$50,000 directly to from directly outside your State cess of \$50,000 from directly out cess of \$50,000 from enterprises indicate amount. \$ Services (Check the largest amount)	e your State? If no, indicate actual vacustomers in your State who purchas the value of any such services you 0,000 to public utilities, transit system ducational institutions, or retail concerve your State? If less than \$50,000, indicate among trailing your State? If less than \$50,000 indicate among trailing your State? If less than \$50,000 who received the goods directly from yount)	ed ss, sms? dicate who ant.		NO
D. Did you provide services valued in excess of \$50,0 \$	propriate box): [] CALENDAE Outline of \$50,000 to to tiside your State? If no, indicate services valued in excess of \$50,000 to taking your State? If no, indicate services valued in excess of \$50,000 directly to customers located outside d in excess of \$50,000 directly to from directly outside your State cess of \$50,000 from directly outside services of \$50,000 from enterprises and the services (Check the largest and [] \$1,000,000 or more If less	e your State? If no, indicate actual vacustomers in your State who purchas the value of any such services you 0,000 to public utilities, transit system ducational institutions, or retail concerve your State? If less than \$50,000, indicate among trailing your State? If less than \$50,000 indicate among trailing your State? If less than \$50,000 who received the goods directly from yount)	ed ss, sms? dicate who ant.		NO NO
D. Did you provide services valued in excess of \$50,0 \$	propriate box): [] CALENDAE Outline of the control of the contro	e your State? If no, indicate actual value of any such services you 2,000 to public utilities, transit system ducational institutions, or retail concerts your State? If less than \$50,000, indicate amount in the your State? If less than \$50,000, indicate amount in the your State? If less than \$50,000, indicate amount in the your State? If less than \$50,000, indicate amount in the your State? If less than \$50,000, indicate amount in the your State? If less than \$50,000, indicate amount in the your State? If less than \$50,000, indicate amount in the your State? If less than \$50,000, indicate amount.	ed ss, sms? dicate who ant.	YES	
Puring the Most recent (Check the app A. Did you provide services valued in excess of \$50,0 \$ B. If you answered no to 9A, did you provide service goods valued in excess of \$50,000 from directly our provided. \$ C. If you answered no to 9A and 9B, did you provide newspapers, health care institutions, broadcasting sif less than \$50,000, indicate amount. \$ D. Did you sell goods valued in excess of \$50,000 directly our purchased other goods valued in excess of \$50,000 \$ F. Did you purchase and receive goods valued in exindicate amount. \$ G. Did you purchase and receive goods valued in expoints outside your State? If less than \$50,000, in the control of th	propriate box): [] CALENDAE Outline of the control of the contro	e your State? If no, indicate actual value of any such services you 2,000 to public utilities, transit system ducational institutions, or retail concerts your State? If less than \$50,000, indicate amount in the your State? If less than \$50,000, indicate amount in the your State? If less than \$50,000, indicate amount in the your State? If less than \$50,000, indicate amount in the your State? If less than \$50,000, indicate amount in the your State? If less than \$50,000, indicate amount in the your State? If less than \$50,000, indicate amount in the your State? If less than \$50,000, indicate amount.	ed ss, sms? dicate who ant.	YES	
A. Did you provide services valued in excess of \$50,0 \$	propriate box): [] CALENDAE Outline of \$50,000 to to tiside your State? If no, indicate services valued in excess of \$50,000 to taking your State? If no, indicate services valued in excess of \$50,000 to taking, commercial buildings, exceptly to customers located outside d in excess of \$50,000 directly to from directly outside your State cess of \$50,000 from directly outside your State cess of \$50,000 from enterprises and cate amount. \$	e your State? If no, indicate actual value of any such services you 0,000 to public utilities, transit system ducational institutions, or retail concerts your State? If less than \$50,000, indicate amount in the your State? If less than \$50,000, indicate amount in the your State? If less than \$50,000, indicate amount in the your State? If less than \$50,000, indicate amount in the your State? If less than \$50,000, indicate amount in the your State? If less than \$50,000, indicate amount.	lue. ed is, ms? licate who ant. 0,	YES	

NAME AND TITLE (Type or Print) SIGNATURE E-MAIL ADDRESS DATE

12. AUTHORIZED REPRESENTATIVE COMPLETING THIS QUESTIONNAIRE

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and/or unfair labor practice proceedings and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary. However, failure to supply the information may cause the NLRB to refuse to process any further a representation or unfair labor practice case, or may cause the NLRB to issue you a subpoena and seek enforcement of the subpoena in federal court.

UNITED STATES OF AMERICA

BEFORE THE NATIONAL LABOR RELATIONS BOARD

ı	ГΤ	N	П	ľП	Γ'	r	n	N	ĹA	Г	Ħ	₽.	T	Μ.	П	r.	A 1		T	T.	A	◣	J	\boldsymbol{C}	Γ	ŧ.
U	U	ľ	۱I			r	IJ		\mathbf{L}_{I}	U.	ш	7	ш	١,		l F	٠.	L	Lı		٠.	1.	١,	L,	r.	ı

Charged Party

and

Case 10-CA-284608

INTERNATIONAL ASSOCIATION OF MACHINISTS AND AEROSPACE WORKERS, AFL-CIO

Charging Party

AFFIDAVIT OF SERVICE OF CHARGE AGAINST EMPLOYER

I, the undersigned employee of the National Labor Relations Board, state under oath that on October 15, 2021, I served the above-entitled document(s) by post-paid regular mail upon the following persons, addressed to them at the following addresses:

Amanda Brough, LR Manager United Launch Alliance 1001 Red Hat Rd. Decatur, AL 35601

October 15, 2021	Kalsey Harrison,				
	Designated Agent of NLRB				
Date	Name				
	/s/ Kalsey Harrison				
	Signature				



REGION 10 401 W. Peachtree Street, NE Suite 472 Atlanta, GA 30308

Agency Website: www.nlrb.gov Telephone: (404)331-2896 Fax: (404)331-2858 November 5, 2021 Download NLRB Mobile App

Corrected

United Launch Alliance Attn: Amanda Brough 9950 E. Easter Ave Unit A Centennial, CO 80112

> Re: United Launch Alliance Case 10-CA-284608

Dear Mrs. Brough:

Enclosed is a copy of a charge that has been filed in this case. This letter tells you how to contact the Board agent who will be investigating the charge, explains your right to be represented, discusses presenting your evidence, and provides a brief explanation of our procedures, including how to submit documents to the NLRB.

<u>Investigator</u>: This charge is being investigated by Field Attorney NATHAN K. GILBERT whose telephone number is (205)518-7526. The mailing address is 1130 22ND ST S RIDGE PARK PLACE STE 3400, BIRMINGHAM, AL 35205-2885. If this Board agent is not available, you may contact Resident Officer KATHERINE CHAHROURI whose telephone number is (205)518-7511.

Right to Representation: You have the right to be represented by an attorney or other representative in any proceeding before us. If you choose to be represented, your representative must notify us in writing of this fact as soon as possible by completing Form NLRB-4701, Notice of Appearance. This form is available on our website, www.nlrb.gov, or from an NLRB office upon your request.

If you are contacted by someone about representing you in this case, please be assured that no organization or person seeking your business has any "inside knowledge" or favored relationship with the National Labor Relations Board. Their knowledge regarding this proceeding was only obtained through access to information that must be made available to any member of the public under the Freedom of Information Act.

<u>Presentation of Your Evidence</u>: We seek prompt resolutions of labor disputes. Therefore, I urge you or your representative to submit a complete written account of the facts and a statement of your position with respect to the allegations set forth in the charge as soon as possible. If the Board agent later asks for more evidence, I strongly urge you or your representative to cooperate fully by promptly presenting all evidence relevant to the investigation. In this way, the case can be fully investigated more quickly.

Full and complete cooperation includes providing witnesses to give sworn affidavits to a Board agent, and providing all relevant documentary evidence requested by the Board agent. Sending us your written account of the facts and a statement of your position is not enough to be considered full and complete cooperation. A refusal to fully cooperate during the investigation might cause a case to be litigated unnecessarily.

In addition, either you or your representative must complete the enclosed Commerce Questionnaire to enable us to determine whether the NLRB has jurisdiction over this dispute. If you recently submitted this information in another case, or if you need assistance completing the form, please contact the Board agent.

We will not honor requests to limit our use of position statements or evidence. Specifically, any material you submit may be introduced as evidence at a hearing before an administrative law judge regardless of claims of confidentiality. However, certain evidence produced at a hearing may be protected from public disclosure by demonstrated claims of confidentiality.

Further, the Freedom of Information Act may require that we disclose position statements or evidence in closed cases upon request, unless an exemption applies, such as those protecting confidential financial information or personal privacy interests.

<u>Preservation of all Potential Evidence:</u> Please be mindful of your obligation to preserve all relevant documents and electronically stored information (ESI) in this case, and to take all steps necessary to avoid the inadvertent loss of information in your possession, custody or control. Relevant information includes, but is not limited to, paper documents and all ESI (e.g. SMS text messages, electronic documents, emails, and any data created by proprietary software tools) related to the above-captioned case.

<u>Prohibition on Recording Affidavit Interviews:</u> It is the policy of the General Counsel to prohibit affiants from recording the interview conducted by Board agents when subscribing Agency affidavits. Such recordings may impede the Agency's ability to safeguard the confidentiality of the affidavit itself, protect the privacy of the affiant and potentially compromise the integrity of the Region's investigation.

<u>Correspondence:</u> All documents submitted to the Region regarding your case MUST be filed through the Agency's website, <u>www.nlrb.gov</u>. This includes all formal pleadings, briefs, as well as affidavits, documentary evidence, and position statements. The Agency requests all evidence submitted electronically to be in the form it is normally used and maintained in the course of business (i.e., native format). Where evidence submitted electronically is not in native format, it should be submitted in a manner that retains the essential functionality of the native format (i.e., in a machine-readable and searchable electronic format).

If you have questions about the submission of evidence or expect to deliver a large quantity of electronic records, please promptly contact the Board agent investigating the charge. If you cannot e-file your documents, you must provide a statement explaining why you do not

have access to the means for filing electronically or why filing electronically would impose an undue burden.

In addition, this Region will be issuing case-related correspondence and documents, including complaints, compliance specifications, dismissal letters, deferral letters, and withdrawal letters, electronically to the email address you provide. Please ensure that you receive important case-related correspondence, please ensure that the Board Agent assigned to your case has your preferred email address. These steps will ensure that you receive correspondence faster and at a significantly lower cost to the taxpayer. If there is some reason you are unable to receive correspondence via email, please contact the agent assigned to your case to discuss the circumstances that prevent you from using email.

Information about the Agency, the procedures we follow in unfair labor practice cases and our customer service standards is available on our website, www.nlrb.gov or from an NLRB office upon your request. NLRB Form 4541, Investigative Procedures offers information that is helpful to parties involved in an investigation of an unfair labor practice charge.

We can provide assistance for persons with limited English proficiency or disability. Please let us know if you or any of your witnesses would like such assistance.

Very truly yours,

LISA Y. HENDERSON Regional Director

Enclosures:

- 1. Copy of Charge
- 2. Commerce Questionnaire

Please read carefully, answer all applicable heme, and return to the NLRB Office. If additional space is required, please add a page and identify them number. CASE NAME CASE NAME	QUESTIONNAIRE ON COMMERCE INFORMATION Please read carefully, answer all applicable items, and return to the NLRB Office. If additional space is required, please stdd a page and identify item number. CASE NAME CASE NAME LEXACT LEGAL TITLE OF ENTITY (As filed with State and/or stated in legal documents forming entity) 2. TYPE OF ENTITY [] CORPORATION [] LLC [] LLP [] PARTNERSHIP [] SOLE PROPRIETORSHIP [] OTHER (Specify) J. FLA CORPORATION LLC LLP [] PARTNERSHIP [] SOLE PROPRIETORSHIP [] OTHER (Specify) J. FLA CORPORATION LLC LLP [] PARTNERSHIP [] SOLE PROPRIETORSHIP [] OTHER (Specify) J. FLA CORPORATION LLC LLP [] PARTNERSHIP [] SOLE PROPRIETORSHIP [] OTHER (Specify) J. FLA CORPORATION LLC LLP [] PARTNERSHIP [] SOLE PROPRIETORSHIP [] OTHER (Specify) J. FLA CORPORATION LLC LLP [] PARTNERSHIP [] SOLE PROPRIETORSHIP [] OTHER (Specify) J. FLA STATE OF INCORPORATION B. NAME, ADDRESS, AND RELATIONSHIP (e.g. pasent, subsidiary) OF ALL RELATED ENTITIES OR FORMATION J. FLA SOLE PROPRIETORSHIP, FULL NAME AND ADDRESS OF FROPRIETOR B. FLA SOLE PROPRIETORSHIP, FULL NAME AND ADDRESS OF FROPRIETOR B. REANCH LOCATIONS: THE BRANCH LOCATIONS: THE BRANCH LOCATIONS: THE BRANCH LOCATIONS: D. B. THE ADDRESS INVOLVED IN THIS MATTER: D. DURING THE MOST RECENT (Check the appropriate body; [] CALENDAR [] 12 MONTHS or [] EISCAL YEAR (FY DATES] D. WARD AND ADDRESS OF SOLE OF					
Please read carefully, answer all applicable items, and return to the NLR8 Office. If additional space is required, please add a page and identify item number. CASE NAME CASE NUMBER 10-CA-284608	Please read carefully, answer all applicable items, and return to the NLR8 Office. If additional space is required, please add a page and identify item number. CASE NAME CASE NAME		NATIONAL LABOR RELA	ATIONS BOARD		
Please read carefully, answer all applicable items, and return to the NLR8 Office. If additional space is required, please add a page and identify item number. CASE NAME CA28 NAME	Please read carefully, answer all applicable items, and return to the NLR8 Office. If additional space is required, please add a page and identify item number. CASE NAME LEXACT LEGAL TITLE OF ENTITY (As filed with State and/or stated in legal documents forming entity) 2. TYPE OF ENTITY [] CORPORATION LLC LLP PARTNERSHIP SOLE PROPRIETORSHIP OTHER (Specify) A PROPRIATION OR FORMATION B. NAME, ADDRESS, AND RELATIONSHIP (e.g. parent, subsidiary) OF ALL RELATED ENTITIES OR FORMATION OR FORMATION OR FORMATION OR FORMATION B. NAME, ADDRESS, AND RELATIONSHIP (e.g. parent, subsidiary) OF ALL RELATED ENTITIES 5. IF A SOLE PROPRIETORSHIP, FULL NAME AND ADDRESS OF ALL MEMBERS OR PARTNERS 5. IF A SOLE PROPRIETORSHIP, FULL NAME AND ADDRESS OF PROPRIETOR 6. BRIEFLY DESCRIBE THE NATURE OF YOUR OPERATIONS (Products hamilled or manufactured, or nature of services performed). 7. PRINCIPAL LOCATION: 8. NUMBER OF PEOPLE PRESENTLY EMPLOYED A TOTAL: 9. DERNIG THE MOST RECENT (Check the appropriate bay; [] CALENDAR [] 12 MOYTHS or [] FISCAL YEAR (PY DATES		IONNAIRE ON COMME	RCE INFORMATION		
CASE NAME CASE NUMBER 10-CA-284608	LEXACT LEGAL TITLE OF ENTITY (As filed with State and/or stated in legal documents forming entity) 2. TYPE OF ENTITY [] CORPORATION [] LLC [] LLP [] PARTNERSHIP [] SOLE PROPRIETORSHIP [] OTHER (Specify) 3. IF A CORPORATION or LLC 4. IF AN LLC OR ANY TYPE OF PARTNERSHIP, FULL NAME AND ADDRESS, AND RELATIONSHIP (e.g. parent, subsidiary) OF ALL RELATED ENTITIES 5. IF A SOLE PROPRIETORSHIP, FULL NAME AND ADDRESS OF FROPRIETOR 6. BRIEFLY DESCRIBE THE NATURE OF YOUR OPERATIONS (Products handled or manufactured, or nature of services performed). 7.A. PRINCIPAL LOCATION: 7.B. BRANCH LOCATIONS: 8. NUMBER OF PEOPLE PRESENTLY EMPLOYED A TOTAL B A THE ADDRESS INVOLVED IN THIS MATTER: 9. DERING THE MOST RECENT (Cheek the appropriate best): [] CALENDAR [] 12 MONTHS or [] FISCAL YEAR (PY DATES	Please read carefully, answer all applicable items, and r	eturn to the NLRB Office. If addition	onal space is required, please add a pag	e and identify item number.	
1. EXACT LEGAL TITLE OF ENTITY [] CORPORATION [] LLC [] LLP [] PARTNERSHIP [] SOLE PROPRIETORSHIP [] OTHER (Specify) 3. IF A CORPORATION or LLC 4. STATE OF INCORPORATION OR LLC 5. IF A SOLE PROPRIETORSHIP, FULL NAME AND ADDRESS, AND RELATIONSHIP (e.g. parent, subsidiary) OF ALL RELATED ENTITIES OR FORMATION 6. BRIEFLY DESCRIBE THE NATURE OF YOUR OPERATIONS (Products handled or manufactured, or nature of services performed). 7. PRINCIPAL LOCATION: 7. PRINCIPAL LOCATION: 8. NUMBER OF PEOPLE PRESENTLY EMPLOYED A TOTAL: 9. DURING THE MOST RECENT (Check the appropriate how): [] CALENDAR [] 12 MONTHS or [] FISCAL YEAR (FF DATES	1. EXACT LEGAL TITLE OF ENTITY 2. TYPE OF ENTITY [] CORPORATION [] LLC				-	
2. TYPE OF ENTITY [] CORPORATION [] LLC [] LLP [] PARTNERSHIP [] SOLE PROPRIETORSHIP [] OTHER (Specify) 3. IF A CORPORATION or LLC A STATE OF INCORPORATION OR FORMATION (A. FIANLIC OR ANY TYPE OF PARTNERSHIP, FULL NAME AND ADDRESS, AND RELATIONSHIP (e.g. parent, subsidiary) OF ALL RELATED ENTITIES OR FORTHARD 4. IF AN LLC OR ANY TYPE OF PARTNERSHIP, FULL NAME AND ADDRESS OF ALL MEMBERS OR PARTNERS 5. IF A SOLE PROPRIETORSHIP, FULL NAME AND ADDRESS OF PROPRIETOR 6. BRIEFLY DESCRIBE THE NATURE OF YOUR OPERATIONS (Products handled or manufactured, or nature of survices performed). 7. PRINCIPAL LOCATION: 8. NUMBER OF PEOPLE PRESENTLY EMPLOYED A TOTAL: 9. DERING THE MOST RECENT (Check the appropriate base): [] CALEDDAR [] 12 MONTHS or [] FISCAL YEAR (FYDATES	CORPORATION LC LLP PARTNERSHIP SOLE PROPRIETORSHIP OTHER (Specify)				10-CA-284608	
[] CORPORATION [] LLC [] LLP [] PARTNERSHIP [] SOLE PROPRIETORSHIP [] OTHER (Specify) 3. IF A CORPORATION or LLC A STATE OF INCORPORATION OR FORMATION B NAME, ADDRESS, AND RELATIONSHIP (e.g. parent, subsidiary) OF ALL RELATED ENTITIES 6. IF AN ILC OR ANY TYPE OF PARTNERSHIP, FULL NAME AND ADDRESS OF PROPRIETOR 6. BRIEFLY DESCRIBE THE NATURE OF YOUR OPERATIONS (Products handled or manufactured, or nature of services performed). 7. PRINCIPAL LOCATION: 7. BRANCH LOCATIONS: 8. NUMBER OF PEOPLE PRESENTLY EMPLOYED A TOTAL: 9. DURING THE MOST RECENT (Check the appropriate boay: [] CALENDAR []] 2 MONTHS or [] FISCAL YEAR (FY DATES	[] CORPORATION [] LLC [] LLP [] PARTNERSHIP [] SOLE PROPRIETORSHIP [] OTHER (Specify) 3. IF A CORPORATION or LLC A STATE OF INCORPORATION OR FORMATION OR FORMATION B. NAME, ADDRESS, AND RELATIONSHIP (e.g. parent, subsidiary) OF ALL RELATED ENTITIES OR FORMATION 4. IF AN LLC OR ANY TYPE OF PARTNERSHIP, FULL NAME AND ADDRESS OF ALL MEMBERS OR PARTNERS 5. IF A SOLE PROPRIETORSHIP, FULL NAME AND ADDRESS OF PROPRIETOR 6. BRIEFLY DESCRIBE THE NATURE OF YOUR OPERATIONS (Products handled or manufactured, or nature of services performed). 7a. PRINCIPAL LOCATION: 7b. BRANCH LOCATIONS: 8. NUMBER OF PEOPLE PRESENTLY EMPLOYED A TOTAL: B. AT THE ADDRESS INVOLVED IN THIS MATTER 9. DURING THE MOST RECENT (Check the appropriate box): [] CALENDAR [] 12 MONTHS or [] FISCAL YEAR (FYDATES	1. EXACT LEGAL TITLE OF ENTITY (As filed	with State and/or stated in legal	documents forming entity)		
[] CORPORATION [] LLC [] LLP [] PARTNERSHIP [] SOLE PROPRIETORSHIP [] OTHER (Specify) 3. IF A CORPORATION or LLC A STATE OF INCORPORATION OR FORMATION B NAME, ADDRESS, AND RELATIONSHIP (e.g. parent, subsidiary) OF ALL RELATED ENTITIES 6. IF AN ILC OR ANY TYPE OF PARTNERSHIP, FULL NAME AND ADDRESS OF PROPRIETOR 6. BRIEFLY DESCRIBE THE NATURE OF YOUR OPERATIONS (Products handled or manufactured, or nature of services performed). 7. PRINCIPAL LOCATION: 7. BRANCH LOCATIONS: 8. NUMBER OF PEOPLE PRESENTLY EMPLOYED A TOTAL: 9. DURING THE MOST RECENT (Check the appropriate boay: [] CALENDAR []] 2 MONTHS or [] FISCAL YEAR (FY DATES	[] CORPORATION [] LLC [] LLP [] PARTNERSHIP [] SOLE PROPRIETORSHIP [] OTHER (Specify) 3. IF A CORPORATION or LLC A STATE OF INCORPORATION OR FORMATION OR FORMATION B. NAME, ADDRESS, AND RELATIONSHIP (e.g. parent, subsidiary) OF ALL RELATED ENTITIES OR FORMATION 4. IF AN LLC OR ANY TYPE OF PARTNERSHIP, FULL NAME AND ADDRESS OF ALL MEMBERS OR PARTNERS 5. IF A SOLE PROPRIETORSHIP, FULL NAME AND ADDRESS OF PROPRIETOR 6. BRIEFLY DESCRIBE THE NATURE OF YOUR OPERATIONS (Products handled or manufactured, or nature of services performed). 7a. PRINCIPAL LOCATION: 7b. BRANCH LOCATIONS: 8. NUMBER OF PEOPLE PRESENTLY EMPLOYED A TOTAL: B. AT THE ADDRESS INVOLVED IN THIS MATTER 9. DURING THE MOST RECENT (Check the appropriate box): [] CALENDAR [] 12 MONTHS or [] FISCAL YEAR (FYDATES					
3. IF A CORPORATION or LLC A STATE OF INCORPORATION OR FORMATION B. NAME, ADDRESS, AND RELATIONSHIP (e.g. parent, subsidiary) OF ALL RELATED ENTITIES OR FORMATION 4. IF AN LLC OR ANY TYPE OF PARTINERSHIP, FULL NAME AND ADDRESS OF ALL MEMBERS OR PARTNERS 5. IF A SOLE PROPRIETORSHIP, FULL NAME AND ADDRESS OF PROPRIETOR 6. BRIEFLY DESCRIBE THE NATURE OF YOUR OPERATIONS (Products handled or manufactured, or nature of services performed). 7A. PRINCIPAL LOCATION: 7B. BRANCH LOCATIONS: 8. NUMBER OF PEOPLE PRESENTLY EMPLOYED A. TOTAL: 8. A THE ADDRESS INVOLVED IN THIS MATTER: 9. DURING THE MOST RECENT (Check the appropriate bay): [] CALENDAR [] 12 MONTHS or [] FISCAL YEAR (FY DATES	3. IF A CORPORATION or LLC A STATE OF INCORPORATION OR FORMATION 4. IF AN LLC OR ANY TYPE OF PARTNERSHIP, FULL NAME AND ADDRESS, AND RELATIONSHIP (e.g. parent, subsidiary) OF ALL RELATED ENTITIES 5. IF A SOLE PROPRIETORSHIP, FULL NAME AND ADDRESS OF ALL MEMBERS OR PARTNERS 5. IF A SOLE PROPRIETORSHIP, FULL NAME AND ADDRESS OF PROPRIETOR 6. BRIEFLY DESCRIBE THE NATURE OF YOUR OPERATIONS (Products handled or manufactured, or nature of services performed). 7. A. PRINCIPAL LOCATION: 7. B. BRANCH LOCATIONS: 8. NUMBER OF PEOPLE PRESENTLY EMPLOYED A TOTAL: 8. AT THE ADDRESS INVOLVED IN THIS MATTER: 9. DURING THE MOST RECENT (Check the appropriate bax): [] CALENDAR [] 12 MONTHS or [] FISCAL YEAR (FY DATES.] 1. EVEN answered no to 9A, did you provide services valued in excess of \$50,000 to customers in your State? If no, indicate the value of any such services you provided \$ C. If you answered no to 9A and 9B, did you provide services valued in excess of \$50,000 to customers in your State who purchased goods valued in excess of \$50,000 to from directly outside your State? If no, indicate the value of any such services you provided \$ C. If you answered no to 9A and 9B, did you provide services valued in excess of \$50,000 to public utilities, transit systems, newspapers, health care institutions, broadcasting stations, commercial buildings, educational institutions, or retail concerns? If less than \$50,000, indicate amount. \$ C. If you answered no to 9D, did you sell goods valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate amount. \$ C. If you answered no to 9D, did you sell goods valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate amount. \$ C. If you purchase and receive goods valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate amount. \$ C. If you purchase and receive goods valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate amount. \$ C. If you purc	2. TYPE OF ENTITY				
B. NAME, ADDRESS, AND RELATIONSHIP (e.g. parent, subsidiary) OF ALL RELATED ENTITIES OR FORMATION 4. IF AN ILC OR ANY TYPE OF PARTNERSHIP, FULL NAME AND ADDRESS OF ALL MEMBERS OR PARTNERS 5. IF A SOLE PROPRIETORSHIP, FULL NAME AND ADDRESS OF PROPRIETOR 6. BRIEFLY DESCRIBE THE NATURE OF YOUR OPERATIONS (Products handled or manufactured, or nature of services performed). 7.A. PRINCIPAL LOCATION: 7.B. BRANCH LOCATIONS: 8. NUMBER OF PEOPLE PRESENTLY EMPLOYED A TOTAL: 9. DURING THE MOST RECENT (Check the appropriate box): [CALENDAR [] 12 MONTHS or [] FISCAL YEAR (FY DATES) 12 MONTHS or [] FISCAL YEAR (FY DATES) 13 MONTHS (Products valued in excess of \$50,000 directly to customers outside your State? If no, indicate actual value, 5 months (Products valued in excess of \$50,000 directly to customers in your Istate who purchased goods valued in excess of \$50,000 directly obtained by such services your provided. \$ C. If you answered no to 9A and 9B, did you provide services valued in excess of \$50,000 to public utilities, transit systems, newspapers, health care institutions, broadcasting stations, commercial buildings, educational institutions, or retail concems? If less than \$50,000, indicate amount. \$ C. If you answered no to 9D, did you sell goods valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate amount. \$ C. If you purchase and receive goods valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate amount. \$ C. If you purchase and receive goods valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate amount. \$ C. If you purchase and receive goods valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate amount. \$ C. If you purchase and receive goods valued in excess of \$50,000 from enterprises who received the goods directly from points outside your State? If less than \$50,000, indicate amount. \$ C. If you purchase and receive goods valued in excess of \$5	B. NAME, ADDRESS, AND RELATIONSHIP (e.g. parent, subsidiary) OF ALL RELATED ENTITIES OR FORMATION 4. IF AN ILC OR ANY TYPE OF PARTNERSHIP, FULL NAME AND ADDRESS OF ALL MEMBERS OR PARTNERS 5. IF A SOLE PROPRIETORSHIP, FULL NAME AND ADDRESS OF FORPRIETOR 6. BRIEFLY DESCRIBE THE NATURE OF YOUR OPERATIONS (Products handled or manufactured, or nature of services performed). 7.A. PRINCIPAL LOCATION: 7.B. BRANCH LOCATIONS: 8. NUMBER OF PEOPLE PRESENTLY EMPLOYED A. TOTAL: 8. B. AT THE ADDRESS INVOLVED IN THIS MATTER: 9. DURING THE MOST RECENT (Check the appropriate box): [] CALENDAR [] 12 MONTHS or [] FISCAL YEAR (FF DATES) NO A. Did you provide services valued in excess of \$50,000 directly to customers outside your State? If no, indicate actual value. 5. 8. If you answered no to 9A, did you provide services valued in excess of \$50,000 to customers in your State who purchased goods valued in excess of \$50,000 from directly outside your State? If no, indicate the value of any such services you provided \$ C. If you answered no to 9A and 9B, did you provide services valued in excess of \$50,000 to public utilities, transit systems, newspapers, health care institutions, broadcasting stations, commercial buildings, educational mistinitions, or retail concerns? If less than \$50,000, indicate amount. \$ E. If you answered no to 9D, did you sell goods valued in excess of \$50,000 directly to customers located outside your State? If less than \$50,000, indicate amount. \$ E. If you answered no the property of the purchased dort goods valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate amount. \$ E. If you answered no to 9D, did you sell good valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate amount. \$ E. If you answered no to 9D, did you sell good valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate amount. \$ E. If you answered no to 9D, did you sell good valued in excess of \$50,000 from ente	[] CORPORATION [] LLC [] LLP [] PARTNERSHIP [] SOLI	E PROPRIETORSHIP [] OTHE	R (Specify)	
4. IF AN LLC OR ANY TYPE OF PARTNERSHIP, FULL NAME AND ADDRESS OF ALL MEMBERS OR PARTNERS 5. IF A SOLE PROPRIETORSHIP, FULL NAME AND ADDRESS OF PROPRIETOR 6. BRIEFLY DESCRIBE THE NATURE OF YOUR OPERATIONS (Products handled or manufactured, or nature of services performed). 7.A. PRINCIPAL LOCATION: 7.B. BRANCH LOCATIONS: 8. NUMBER OF PEOPLE PRESENTLY EMPLOYED A. TOTAL: 8. A TITE ADDRESS INVOLVED IN THIS MATTER: 9. DURING THE MOST RECENT (Check the appropriate box): [CALENDAR [12 MONTHS or [] FISCAL YEAR (FYDATES)) 8. If you answered no to 9A, did you provide services valued in excess of \$50,000 directly to customers outside your State? If no, indicate actual value. Segoeds valued in excess of \$50,000 for directly outside your State? If no, indicate actual value is provided. Services you provide services valued in excess of \$50,000 to customers in your State who purchased goods valued in excess of \$50,000 for outside your State? If no indicate who purchased goods valued in excess of \$50,000 for outside your State? If no indicate who purchased provided. Services valued in excess of \$50,000 to public utilities, transit systems, newspapers, health care institutions, broadcasting stations, commercial buildings, educational institutions, or retail concerns? If less than \$50,000, indicate amount. \$ D. Did you sell goods valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate amount. \$ E. If you answered no to 9D, did you sell goods valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate amount. \$ D. Did you sprinthase and receive goods valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate amount. \$ G. Did you purchase and receive goods valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate amount. \$ G. Did you purchase and receive goods valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate amount. \$ G. Did you pu	4. IF AN LLC OR ANY TYPE OF PARTNERSHIP, FULL NAME AND ADDRESS OF ALL MEMBERS OR PARTNERS 5. IF A SOLE PROPRIETORSHIP, FULL NAME AND ADDRESS OF PROPRIETOR 6. BRIEFLY DESCRIBE THE NATURE OF YOUR OPERATIONS (Products handled or manufactured, or nature of services performed). 7. PRINCIPAL LOCATION: 7. B. BRANCH LOCATIONS: 8. NUMBER OF PEOPLE PRESENTLY EMPLOYED A TOTAL 8. A THE ADDRESS INVOLVED IN THIS MATTER: 9. DURING THE MOST RECENT (Check the appropriate box): [] CALENDAR [] 12 MONTHS or [] FISCAL YEAR (FY DATES	3. IF A CORPORATION or LLC				
4. IF AN LLC OR ANY TYPE OF PARTNERSHIP, FULL NAME AND ADDRESS OF ALL MEMBERS OR PARTNERS 5. IF A SOLE PROPRIETORSHIP, FULL NAME AND ADDRESS OF PROPRIETOR 6. BRIEFLY DESCRIBE THE NATURE OF YOUR OPERATIONS (Products handled or manufactured, or nature of services performed). 7. PRINCIPAL LOCATION: 8. NUMBER OF PEOPLE PRESENTLY EMPLOYED A TOTAL: 9. DURING THE MOST RECENT (Check the appropriate box): CALENDAR 12 MONTHS or FISCAL YEAR (FY DATES 1/2 MONTHS or FISCAL YEAR (FY DATES 1/2 MONTHS or FISCAL YEAR (FY DATES 1/2 MONTHS or 1/	4. IF AN LLC OR ANY TYPE OF PARTNERSHIP, FULL NAME AND ADDRESS OF ALL MEMBERS OR PARTNERS 5. IF A SOLE PROPRIETORSHIP, FULL NAME AND ADDRESS OF PROPRIETOR 6. BRIEFLY DESCRIBE THE NATURE OF YOUR OPERATIONS (Products handled or manufactured, or nature of services performed). 7. PRINCIPAL LOCATION: 7. BRANCH LOCATIONS: 8. NUMBER OF PEOPLE PRESENTLY EMPLOYED A TOTAL: 8. AT THE ADDRESS INVOLVED IN THIS MATTER. 9. DURING THE MOST RECENT (Check the appropriate bax): [CALENDAR [] 12 MONTHS or [] FISCAL YEAR (FY DATES		B. NAME, ADDRESS, AND	RELATIONSHIP (e.g. parent, subsid	iary) OF ALL RELATED	ENTITIES
5. IF A SOLE PROPRIETORSHIP, FULL NAME AND ADDRESS OF PROPRIETOR 6. BRIEFLY DESCRIBE THE NATURE OF YOUR OPERATIONS (Products handled or manufactured, or nature of services performed). 7A. PRINCIPAL LOCATION: 7B. BRANCH LOCATIONS: 8. NUMBER OF FEOPLE PRESENTLY EMPLOYED A. TOTAL: 8. A THE ADDRESS INVOLVED IN THIS MATTER: 9. DURING THE MOST RECENT (Check the appropriate bax): [] CALENDAR [] 12 MONTHS or [] FISCAL YEAR (FYDATES	5. IF A SOLE PROPRIETORSHIP, FULL NAME AND ADDRESS OF PROPRIETOR 6. BRIEFLY DESCRIBE THE NATURE OF YOUR OPERATIONS (Products handled or manufactured, or nature of services performed). 7.A. PRINCIPAL LOCATION: 7.B. BRANCH LOCATIONS: 8. NUMBER OF PEOPLE PRESENTLY EMPLOYED A TOTAL: 9. DURING THE MOST RECENT (Check the appropriate box): [] CALENDAR [] 12 MONTHS or [] FISCAL YEAR (FYDATES	OR FORMATION				
6. BRIEFLY DESCRIBE THE NATURE OF YOUR OPERATIONS (Products handled or manufactured, or nature of services performed). 7. PRINCIPAL LOCATION: 8. NUMBER OF PEOPLE PRESENTLY EMPLOYED A TOTAL: 9. DURING THE MOST RECENT (Check the appropriate box): [CALENDAR 12 MONTHS or FISCAL YEAR (FF DATES) A Did you provide services valued in excess of \$50,000 directly to customers outside your State? If no, indicate actual value. \$ S	6. BRIEFLY DESCRIBE THE NATURE OF YOUR OPERATIONS (Products handled or manufactured, or nature of services performed). 7. PRINCIPAL LOCATION: TB. BRANCH LOCATIONS:	4. IF AN LLC OR ANY TYPE OF PARTNERSH	IP, FULL NAME AND ADDRI	ESS OF ALL MEMBERS OR PART	NERS	
6. BRIEFLY DESCRIBE THE NATURE OF YOUR OPERATIONS (Products handled or manufactured, or nature of services performed). 7. PRINCIPAL LOCATION: 8. NUMBER OF PEOPLE PRESENTLY EMPLOYED A TOTAL: 9. DURING THE MOST RECENT (Check the appropriate box): [CALENDAR 12 MONTHS or FISCAL YEAR (FF DATES) A Did you provide services valued in excess of \$50,000 directly to customers outside your State? If no, indicate actual value. \$ S	6. BRIEFLY DESCRIBE THE NATURE OF YOUR OPERATIONS (Products handled or manufactured, or nature of services performed). 7. PRINCIPAL LOCATION: TB. BRANCH LOCATIONS:					
6. BRIEFLY DESCRIBE THE NATURE OF YOUR OPERATIONS (Products handled or manufactured, or nature of services performed). 7. PRINCIPAL LOCATION: 8. NUMBER OF PEOPLE PRESENTLY EMPLOYED A TOTAL: 9. DURING THE MOST RECENT (Check the appropriate box): [CALENDAR 12 MONTHS or FISCAL YEAR (FF DATES) A Did you provide services valued in excess of \$50,000 directly to customers outside your State? If no, indicate actual value. \$ S	6. BRIEFLY DESCRIBE THE NATURE OF YOUR OPERATIONS (Products handled or manufactured, or nature of services performed). 7. PRINCIPAL LOCATION: TB. BRANCH LOCATIONS:	5 IF A COLE DEODDIETODOUD FULL NAM	E AND ADDDESS OF BRODD	ETOD		
7A. PRINCIPAL LOCATION: 8. NUMBER OF PEOPLE PRESENTLY EMPLOYED A. TOTAL: 9. DURING THE MOST RECENT (Check the appropriate bax): [CALENDAR 12 MONTHS or FISCAL YEAR (FY DATES) YES NO A. Did you provide services valued in excess of \$50,000 directly to customers outside your State? If no, indicate actual value. \$ 8. If you answered no to 9A, did you provide services valued in excess of \$50,000 to customers in your State who purchased goods valued in excess of \$50,000 from directly outside your State? If no, indicate the value of any such services you provided. \$ C. If you answered no to 9A and 9B, did you provide services valued in excess of \$50,000 to public utilities, transit systems, newspapers, health care institutions, broadcasting stations, commercial buildings, educational institutions, or retail concerns? If less than \$50,000, indicate amount. \$ D. Did you sell goods valued in excess of \$50,000 directly to customers located outside your State? If less than \$50,000, indicate amount. \$ E. If you answered no to 9D, did you sell goods valued in excess of \$50,000 directly to customers located inside your State who purchased other goods valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate amount. \$ F. Did you purchase and receive goods valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate amount. \$ G. Did you purchase and receive goods valued in excess of \$50,000 from enterprises who received the goods directly from points outside your State? If less than \$50,000, indicate amount. \$ G. Did you purchase and receive goods valued in excess of \$50,000 from enterprises who received the goods directly from points outside your State? If less than \$10,000, indicate amount. \$ G. Did you perform the last 12 months? If yes, specify date: 1. Did you begin operations within the last 12 months? If yes, specify date: 1. Did you begin operations within the last 12 months? If yes, specify date: 1. Okan You A MEMBER O	7A. PRINCIPAL LOCATION: 8. NUMBER OF PEOPLE PRESENTLY EMPLOYED A TOTAL: 9. DURING THE MOST RECENT (Check the appropriate box): [CALENDAR [12 MONTHS or [] FISCAL YEAR (FYDATES	5. If A SOLE PROPRIETORSHIP, FULL NAME	E AND ADDRESS OF FROFKI	LIUK		
7A. PRINCIPAL LOCATION: 8. NUMBER OF PEOPLE PRESENTLY EMPLOYED A. TOTAL: 9. DURING THE MOST RECENT (Check the appropriate bax): [CALENDAR 12 MONTHS or FISCAL YEAR (FY DATES) YES NO A. Did you provide services valued in excess of \$50,000 directly to customers outside your State? If no, indicate actual value. \$ 8. If you answered no to 9A, did you provide services valued in excess of \$50,000 to customers in your State who purchased goods valued in excess of \$50,000 from directly outside your State? If no, indicate the value of any such services you provided. \$ C. If you answered no to 9A and 9B, did you provide services valued in excess of \$50,000 to public utilities, transit systems, newspapers, health care institutions, broadcasting stations, commercial buildings, educational institutions, or retail concerns? If less than \$50,000, indicate amount. \$ D. Did you sell goods valued in excess of \$50,000 directly to customers located outside your State? If less than \$50,000, indicate amount. \$ E. If you answered no to 9D, did you sell goods valued in excess of \$50,000 directly to customers located inside your State who purchased other goods valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate amount. \$ F. Did you purchase and receive goods valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate amount. \$ G. Did you purchase and receive goods valued in excess of \$50,000 from enterprises who received the goods directly from points outside your State? If less than \$50,000, indicate amount. \$ G. Did you purchase and receive goods valued in excess of \$50,000 from enterprises who received the goods directly from points outside your State? If less than \$10,000, indicate amount. \$ G. Did you perform the last 12 months? If yes, specify date: 1. Did you begin operations within the last 12 months? If yes, specify date: 1. Did you begin operations within the last 12 months? If yes, specify date: 1. Okan You A MEMBER O	7A. PRINCIPAL LOCATION: 8. NUMBER OF PEOPLE PRESENTLY EMPLOYED A TOTAL: 9. DURING THE MOST RECENT (Check the appropriate box): [CALENDAR [12 MONTHS or [] FISCAL YEAR (FYDATES	A DDIEFLY DESCRIPE THE NATURE OF VO	UD ODEDATIONS (D. 1.4.1		·	
8. NUMBER OF PEOPLE PRESENTLY EMPLOYED A. TOTAL: B. AT THE ADDRESS INVOLVED IN THIS MATTER: 9. DURING THE MOST RECENT (Check the appropriate box): [] CALENDAR [] 12 MONTHS or [] FISCAL YEAR (FYDATES	8. NUMBER OF PEOPLE PRESENTLY EMPLOYED A. TOTAL: D. DURING THE MOST RECENT (Check the appropriate bax): [] CALENDAR [] 12 MONTHS or [] FISCAL YEAR (FY DATES	6. BRIEFLY DESCRIBE THE NATURE OF YO	UK OPERATIONS (Products no	inalea or manujacturea, or nature oj s	ervices perjormea).	
8. NUMBER OF PEOPLE PRESENTLY EMPLOYED A. TOTAL: B. AT THE ADDRESS INVOLVED IN THIS MATTER: 9. DURING THE MOST RECENT (Check the appropriate box): [] CALENDAR [] 12 MONTHS or [] FISCAL YEAR (FYDATES	8. NUMBER OF PEOPLE PRESENTLY EMPLOYED A. TOTAL: D. DURING THE MOST RECENT (Check the appropriate bax): [] CALENDAR [] 12 MONTHS or [] FISCAL YEAR (FY DATES					
A. TOTAL: B. AT THE ADDRESS INVOLVED IN THIS MATTER: 9. DURING THE MOST RECENT (Check the appropriate box): [] CALENDAR [] 12 MONTHS or [] FISCAL YEAR (FY DATES	A. TOTAL: B. AT THE ADDRESS INVOLVED IN THIS MATTER: 9. DURING THE MOST RECENT (Check the appropriate box): [] CALENDAR [] 12 MONTHS or [] FISCAL YEAR (FYDATES	7A. PRINCIPAL LOCATION:	7B. BRANC	H LOCATIONS:		
A. TOTAL: B. AT THE ADDRESS INVOLVED IN THIS MATTER: 9. DURING THE MOST RECENT (Check the appropriate box): [] CALENDAR [] 12 MONTHS or [] FISCAL YEAR (FY DATES	A. TOTAL: B. AT THE ADDRESS INVOLVED IN THIS MATTER: 9. DURING THE MOST RECENT (Check the appropriate box): [] CALENDAR [] 12 MONTHS or [] FISCAL YEAR (FYDATES	NIMBED OF BEODIE DDECENTI V EMBLO	OVED			
9. DURING THE MOST RECENT (Check the appropriate box): [] CALENDAR [] 12 MONTHS or [] FISCAL YEAR (FYDATES	9. DURING THE MOST RECENT (Check the appropriate box): [] CALENDAR [] 12 MONTHS or [] FISCAL YEAR (FYDATES	o. NUMBER OF FEOREE PRESENTET EMPLO	TED			
A. Did you provide services valued in excess of \$50,000 directly to customers outside your State? If no, indicate actual value. \$ B. If you answered no to 9A, did you provide services valued in excess of \$50,000 to customers in your State who purchased goods valued in excess of \$50,000 from directly outside your State? If no, indicate the value of any such services you provided. C. If you answered no to 9A and 9B, did you provide services valued in excess of \$50,000 to public utilities, transit systems, newspapers, health care institutions, broadcasting stations, commercial buildings, educational institutions, or retail concems? If less than \$50,000, indicate amount. \$ D. Did you sell goods valued in excess of \$50,000 directly to customers located outside your State? If less than \$50,000, indicate amount. \$ E. If you answered no to 9D, did you sell goods valued in excess of \$50,000 directly to customers located inside your State who purchased other goods valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate amount. \$ F. Did you purchase and receive goods valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate amount. \$ G. Did you purchase and receive goods valued in excess of \$50,000 from enterprises who received the goods directly from points outside your State? If less than \$50,000, indicate amount. \$ H. Gross Revenues from all sales or performance of services (Check the largest amount) [] \$100,000 [] \$250,000 [] \$500,000 [] \$1,000,000 or more If less than \$100,000, indicate amount. I. Did you begin operations within the last 12 months? If yes, specify date: [] YES [] NO (If yes, name and address of association or group).	A. Did you provide services valued in excess of \$50,000 directly to customers outside your State? If no, indicate actual value. \$ B. If you answered no to 9A, did you provide services valued in excess of \$50,000 to customers in your State who purchased goods valued in excess of \$50,000 from directly outside your State? If no, indicate the value of any such services you provided. \$ C. If you answered no to 9A and 9B, did you provide services valued in excess of \$50,000 to public utilities, transit systems, newspapers, health care institutions, broadcasting stations, commercial buildings, educational institutions, or retail concerns? If less than \$50,000, indicate amount. \$ D. Did you sell goods valued in excess of \$50,000 directly to customers located outside your State? If less than \$50,000, indicate amount. \$ E. If you answered no to 9D, did you sell goods valued in excess of \$50,000 directly to customers located inside your State who purchased other goods valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate amount. \$ G. Did you purchase and receive goods valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate amount. \$ G. Did you purchase and receive goods valued in excess of \$50,000 from enterprises who received the goods directly from points outside your State? If less than \$50,000, indicate amount. \$ G. Did you purchase from all sales or performance of services (Check the largest amount) [] \$100,000 [] \$250,000 [] \$500,000 [] \$1,000,000 or more If less than \$100,000, indicate amount. I. Did you begin operations within the last 12 months? If yes, specify date: [] YES [] NO (If yes, name and address of association or group). 11. REPRESENTATIVE BEST QUALIFIED TO GIVE FURTHER INFORMATION ABOUT YOUR OPERATIONS	A TOTAL.	D AT THE ADDDESS DIV	OLVED IN THIS MATTED.		
A. Did you provide services valued in excess of \$50,000 directly to customers outside your State? If no, indicate actual value. \$	A. Did you provide services valued in excess of \$50,000 directly to customers outside your State? If no, indicate actual value. 8. B. If you answered no to 9A, did you provide services valued in excess of \$50,000 to customers in your State who purchased goods valued in excess of \$50,000 from directly outside your State? If no, indicate the value of any such services you provided. \$ C. If you answered no to 9A and 9B, did you provide services valued in excess of \$50,000 to public utilities, transit systems, newspapers, health care institutions, broadcasting stations, commercial buildings, educational institutions, or retail concems? If less than \$50,000, indicate amount. \$ D. Did you sell goods valued in excess of \$50,000 directly to customers located outside your State? If less than \$50,000, indicate amount. \$ E. If you answered no to 9D, did you sell goods valued in excess of \$50,000 directly to customers located inside your State who purchased other goods valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate amount. \$ G. Did you purchase and receive goods valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate amount. \$ G. Did you purchase and receive goods valued in excess of \$50,000 from enterprises who received the goods directly from points outside your State? If less than \$50,000, indicate amount. \$ H. Gross Revenues from all sales or performance of services (Check the largest amount) [] \$100,000 [] \$250,000 [] \$50,000 [] \$50,000 [] \$50,000 [] \$10,000,000 or more If less than \$100,000, indicate amount. I. Did you begin operations within the last 12 months? If yes, specify date: [] YES [] NO (If yes, name and address of association or group). 11. REPRESENTATIVE BEST QUALIFIED TO GIVE FURTHER INFORMATION ABOUT YOUR OPERATIONS				I VEAD /EV DATES	1
B. If you answered no to 9A, did you provide services valued in excess of \$50,000 to customers in your State who purchased goods valued in excess of \$50,000 from directly outside your State? If no, indicate the value of any such services you provided. \$ C. If you answered no to 9A and 9B, did you provide services valued in excess of \$50,000 to public utilities, transit systems, newspapers, health care institutions, broadcasting stations, commercial buildings, educational institutions, or retail concems? If less than \$50,000, indicate amount. \$ D. Did you sell goods valued in excess of \$50,000 directly to customers located outside your State? If less than \$50,000, indicate amount. \$ E. If you answered no to 9D, did you sell goods valued in excess of \$50,000 directly to customers located inside your State who purchased other goods valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate amount. \$ F. Did you purchase and receive goods valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate amount. \$ G. Did you purchase and receive goods valued in excess of \$50,000 from enterprises who received the goods directly from points outside your State? If less than \$50,000 [] \$1,000,000 [] \$1,000,000 [] \$1,000,000 or more If less than \$100,000, indicate amount. I. Did you begin operations within the last 12 months? If yes, specify date: 10. ARE YOU A MEMBER OF AN ASSOCIATION OR OTHER EMPLOYER GROUP THAT ENGAGES IN COLLECTIVE BARGAINING? [] YES [] NO (If yes, name and address of association or group).	B. If you answered no to 9A, did you provide services valued in excess of \$50,000 to customers in your State who purchased goods valued in excess of \$50,000 from directly outside your State? If no, indicate the value of any such services you provided. \$ C. If you answered no to 9A and 9B, did you provide services valued in excess of \$50,000 to public utilities, transit systems, newspapers, health care institutions, broadcasting stations, commercial buildings, educational institutions, or retail concems? If less than \$50,000, indicate amount. \$ D. Did you sell goods valued in excess of \$50,000 directly to customers located outside your State? If less than \$50,000, indicate amount. \$ E. If you answered no to 9D, did you sell goods valued in excess of \$50,000 directly to customers located inside your State who purchased other goods valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate amount. \$ F. Did you purchase and receive goods valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate amount. \$ G. Did you purchase and receive goods valued in excess of \$50,000 from enterprises who received the goods directly from points outside your State? If less than \$50,000, indicate amount. \$ H. Gross Revenues from all sales or performance of services (Check the largest amount) [] \$100,000 [] \$250,000 [] \$500,000 [] \$1,000,000 or more If less than \$100,000, indicate amount. I. Did you begin operations within the last 12 months? If yes, specify date: 10. ARE YOU A MEMBER OF AN ASSOCIATION OR OTHER EMPLOYER GROUP THAT ENGAGES IN COLLECTIVE BARGAINING? [] YES [] NO (If yes, name and address of association or group). 11. REPRESENTATIVE BEST QUALIFIED TO GIVE FURTHER INFORMATION ABOUT YOUR OPERATIONS)
goods valued in excess of \$50,000 from directly outside your State? If no, indicate the value of any such services you provided. \$	goods valued in excess of \$50,000 from directly outside your State? If no, indicate the value of any such services you provided. \$	9. DURING THE MOST RECENT (Check the ap	propriate box): [] CALENDAR	R []12 MONTHS or []FISCA	YES	NO NO
provided. \$	provided. \$	DURING THE MOST RECENT (Check the application) A. Did you provide services valued in excess of \$50 \$	propriate box): [] CALENDAR	e your State? If no, indicate actual value	YES .	NO NO
newspapers, health care institutions, broadcasting stations, commercial buildings, educational institutions, or retail concems? If less than \$50,000, indicate amount. \$ D. Did you sell goods valued in excess of \$50,000 directly to customers located outside your State? If less than \$50,000, indicate amount. \$ E. If you answered no to 9D, did you sell goods valued in excess of \$50,000 directly to customers located inside your State who purchased other goods valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate amount. \$ F. Did you purchase and receive goods valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate amount. \$ G. Did you purchase and receive goods valued in excess of \$50,000 from enterprises who received the goods directly from points outside your State? If less than \$50,000, indicate amount. \$ H. Gross Revenues from all sales or performance of services (Check the largest amount) [] \$100,000 [] \$250,000 [] \$500,000 [] \$1,000,000 or more If less than \$100,000, indicate amount. I. Did you begin operations within the last 12 months? If yes, specify date: [] YES [] NO (If yes, name and address of association or group).	newspapers, health care institutions, broadcasting stations, commercial buildings, educational institutions, or retail concems? If less than \$50,000, indicate amount. \$ D. Did you sell goods valued in excess of \$50,000 directly to customers located outside your State? If less than \$50,000, indicate amount. \$ E. If you answered no to 9D, did you sell goods valued in excess of \$50,000 directly to customers located inside your State who purchased other goods valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate amount. \$ F. Did you purchase and receive goods valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate amount. \$ G. Did you purchase and receive goods valued in excess of \$50,000 from enterprises who received the goods directly from points outside your State? If less than \$50,000, indicate amount. \$ H. Gross Revenues from all sales or performance of services (Check the largest amount) [] \$100,000 [] \$250,000 [] \$500,000 [] \$1,000,000 or more If less than \$100,000, indicate amount. I. Did you begin operations within the last 12 months? If yes, specify date: [] YES [] NO (If yes, name and address of association or group). 11. REPRESENTATIVE BEST QUALIFIED TO GIVE FURTHER INFORMATION ABOUT YOUR OPERATIONS	DURING THE MOST RECENT (Check the application) A. Did you provide services valued in excess of \$50 \$ B. If you answered no to 9A, did you provide services.	propriate box): [] CALENDAR ,000 directly to customers outside es valued in excess of \$50,000 to	e your State? If no, indicate actual value	YES ne.	NO NO
If less than \$50,000, indicate amount. \$ D. Did you sell goods valued in excess of \$50,000 directly to customers located outside your State? If less than \$50,000, indicate amount. \$ E. If you answered no to 9D, did you sell goods valued in excess of \$50,000 directly to customers located inside your State who purchased other goods valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate amount. \$ F. Did you purchase and receive goods valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate amount. \$ G. Did you purchase and receive goods valued in excess of \$50,000 from enterprises who received the goods directly from points outside your State? If less than \$50,000, indicate amount. \$ H. Gross Revenues from all sales or performance of services (Check the largest amount) [] \$100,000 [] \$250,000 [] \$500,000 [] \$1,000,000 or more If less than \$100,000, indicate amount. I. Did you begin operations within the last 12 months? If yes, specify date: [] YES [] NO (If yes, name and address of association or group).	If less than \$50,000, indicate amount. \$ D. Did you sell goods valued in excess of \$50,000 directly to customers located outside your State? If less than \$50,000, indicate amount. \$ E. If you answered no to 9D, did you sell goods valued in excess of \$50,000 directly to customers located inside your State who purchased other goods valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate amount. \$ F. Did you purchase and receive goods valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate amount. \$ G. Did you purchase and receive goods valued in excess of \$50,000 from enterprises who received the goods directly from points outside your State? If less than \$50,000, indicate amount. \$ H. Gross Revenues from all sales or performance of services (Check the largest amount) [] \$100,000 [] \$250,000 [] \$500,000 [] \$1,000,000 or more If less than \$100,000, indicate amount. I. Did you begin operations within the last 12 months? If yes, specify date: [] YES [] NO (If yes, name and address of association or group). 11. REPRESENTATIVE BEST QUALIFIED TO GIVE FURTHER INFORMATION ABOUT YOUR OPERATIONS	DURING THE MOST RECENT (Check the application) A. Did you provide services valued in excess of \$50 \$ B. If you answered no to 9A, did you provide service goods valued in excess of \$50,000 from directly of \$100 \$ Continue of the provide service of \$100 \$ Continue of the provide	propriate box): [] CALENDAR ,000 directly to customers outside es valued in excess of \$50,000 to	e your State? If no, indicate actual value	YES ne.	NO NO
D. Did you sell goods valued in excess of \$50,000 directly to customers located outside your State? If less than \$50,000, indicate amount. \$	D. Did you sell goods valued in excess of \$50,000 directly to customers located outside your State? If less than \$50,000, indicate amount. \$	DURING THE MOST RECENT (Check the application) A. Did you provide services valued in excess of \$50 \$	propriate box): [] CALENDAR 0,000 directly to customers outside es valued in excess of \$50,000 to utside your State? If no, indicate e services valued in excess of \$50	your State? If no, indicate actual value customers in your State who purchase the value of any such services you 0,000 to public utilities, transit systems	YES d	NO NO
amount. \$ E. If you answered no to 9D, did you sell goods valued in excess of \$50,000 directly to customers located inside your State who purchased other goods valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate amount. \$ F. Did you purchase and receive goods valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate amount. \$ G. Did you purchase and receive goods valued in excess of \$50,000 from enterprises who received the goods directly from points outside your State? If less than \$50,000, indicate amount. \$ H. Gross Revenues from all sales or performance of services (Check the largest amount) [] \$100,000 [] \$250,000 [] \$500,000 [] \$1,000,000 or more If less than \$100,000, indicate amount. I. Did you begin operations within the last 12 months? If yes, specify date: 10. ARE YOU A MEMBER OF AN ASSOCIATION OR OTHER EMPLOYER GROUP THAT ENGAGES IN COLLECTIVE BARGAINING? [] YES [] NO (If yes, name and address of association or group).	amount. \$	Did you provide services valued in excess of \$50 S B. If you answered no to 9A, did you provide service goods valued in excess of \$50,000 from directly oprovided. \$ C. If you answered no to 9A and 9B, did you provide newspapers, health care institutions, broadcasting	propriate box): [] CALENDAR 0,000 directly to customers outside es valued in excess of \$50,000 to utside your State? If no, indicate e services valued in excess of \$50	your State? If no, indicate actual value customers in your State who purchase the value of any such services you 0,000 to public utilities, transit systems	YES d	NO NO
purchased other goods valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate amount. F. Did you purchase and receive goods valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate amount. \$	purchased other goods valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate amount. F. Did you purchase and receive goods valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate amount. \$	DURING THE MOST RECENT (Check the application) A. Did you provide services valued in excess of \$50 \$	propriate box): [] CALENDAE ,000 directly to customers outside es valued in excess of \$50,000 to utside your State? If no, indicate e services valued in excess of \$50 stations, commercial buildings, ea	e your State? If no, indicate actual value customers in your State who purchase the value of any such services you 2,000 to public utilities, transit systems ducational institutions, or retail concentrations.	YES dd	NO NO
\$	\$	A. Did you provide services valued in excess of \$50 \$	propriate box): [] CALENDAR [your State? If no, indicate actual value customers in your State who purchase the value of any such services you 2,000 to public utilities, transit systems ducational institutions, or retail concentre your State? If less than \$50,000, indicate the property of the proper	YES d , ns?	NO NO
F. Did you purchase and receive goods valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate amount. \$	F. Did you purchase and receive goods valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate amount. \$	A. Did you provide services valued in excess of \$50 \$	propriate box): [] CALENDAR [your State? If no, indicate actual value customers in your State who purchase the value of any such services you 2,000 to public utilities, transit systems ducational institutions, or retail concentre your State? If less than \$50,000, indicate of customers located inside your State value.	YES d , , , cate	NO NO
G. Did you purchase and receive goods valued in excess of \$50,000 from enterprises who received the goods directly from points outside your State? If less than \$50,000, indicate amount. \$\\$ H. Gross Revenues from all sales or performance of services (Check the largest amount) [] \$100,000 [] \$250,000 [] \$500,000 [] \$1,000,000 or more If less than \$100,000, indicate amount. I. Did you begin operations within the last 12 months? If yes, specify date: [] ARE YOU A MEMBER OF AN ASSOCIATION OR OTHER EMPLOYER GROUP THAT ENGAGES IN COLLECTIVE BARGAINING? [] YES [] NO (If yes, name and address of association or group).	G. Did you purchase and receive goods valued in excess of \$50,000 from enterprises who received the goods directly from points outside your State? If less than \$50,000, indicate amount. \$ H. Gross Revenues from all sales or performance of services (Check the largest amount) [] \$100,000 [] \$250,000 [] \$500,000 [] \$1,000,000 or more If less than \$100,000, indicate amount. I. Did you begin operations within the last 12 months? If yes, specify date: 10. ARE YOU A MEMBER OF AN ASSOCIATION OR OTHER EMPLOYER GROUP THAT ENGAGES IN COLLECTIVE BARGAINING? [] YES [] NO (If yes, name and address of association or group). 11. REPRESENTATIVE BEST QUALIFIED TO GIVE FURTHER INFORMATION ABOUT YOUR OPERATIONS	Did you provide services valued in excess of \$50 \$ B. If you answered no to 9A, did you provide service goods valued in excess of \$50,000 from directly oprovided. \$ C. If you answered no to 9A and 9B, did you provide newspapers, health care institutions, broadcasting If less than \$50,000, indicate amount. \$ D. Did you sell goods valued in excess of \$50,000 diamount. \$ E. If you answered no to 9D, did you sell goods value purchased other goods valued in excess of \$50,000.	propriate box): [] CALENDAR [your State? If no, indicate actual value customers in your State who purchase the value of any such services you 2,000 to public utilities, transit systems ducational institutions, or retail concentre your State? If less than \$50,000, indicate of customers located inside your State value.	YES d , , , cate	NO NO
points outside your State? If less than \$50,000, indicate amount. \$ H. Gross Revenues from all sales or performance of services (Check the largest amount) [] \$100,000 [] \$250,000 [] \$500,000 [] \$1,000,000 or more If less than \$100,000, indicate amount. I. Did you begin operations within the last 12 months? If yes, specify date: 10. ARE YOU A MEMBER OF AN ASSOCIATION OR OTHER EMPLOYER GROUP THAT ENGAGES IN COLLECTIVE BARGAINING? [] YES [] NO (If yes, name and address of association or group).	points outside your State? If less than \$50,000, indicate amount. \$ H. Gross Revenues from all sales or performance of services (Check the largest amount) [] \$100,000 [] \$250,000 [] \$500,000 [] \$1,000,000 or more If less than \$100,000, indicate amount. I. Did you begin operations within the last 12 months? If yes, specify date: 10. ARE YOU A MEMBER OF AN ASSOCIATION OR OTHER EMPLOYER GROUP THAT ENGAGES IN COLLECTIVE BARGAINING? [] YES [] NO (If yes, name and address of association or group). 11. REPRESENTATIVE BEST QUALIFIED TO GIVE FURTHER INFORMATION ABOUT YOUR OPERATIONS	A. Did you provide services valued in excess of \$50 \$	propriate box): [] CALENDAR [e your State? If no, indicate actual value customers in your State who purchase the value of any such services you 2,000 to public utilities, transit systems ducational institutions, or retail concerne your State? If less than \$50,000, indicate amounts? If less than \$50,000, indicate amounts.	YES d , , , , , cate who nt.	NO NO
H. Gross Revenues from all sales or performance of services (Check the largest amount) [] \$100,000 [] \$250,000 [] \$500,000 [] \$1,000,000 or more If less than \$100,000, indicate amount. I. Did you begin operations within the last 12 months? If yes, specify date: 10. ARE YOU A MEMBER OF AN ASSOCIATION OR OTHER EMPLOYER GROUP THAT ENGAGES IN COLLECTIVE BARGAINING? [] YES [] NO (If yes, name and address of association or group).	H. Gross Revenues from all sales or performance of services (Check the largest amount) [] \$100,000 [] \$250,000 [] \$500,000 [] \$1,000,000 or more If less than \$100,000, indicate amount. I. Did you begin operations within the last 12 months? If yes, specify date: 10. ARE YOU A MEMBER OF AN ASSOCIATION OR OTHER EMPLOYER GROUP THAT ENGAGES IN COLLECTIVE BARGAINING? [] YES [] NO (If yes, name and address of association or group). 11. REPRESENTATIVE BEST QUALIFIED TO GIVE FURTHER INFORMATION ABOUT YOUR OPERATIONS	A. Did you provide services valued in excess of \$50 \$	propriate box): [] CALENDAR 0,000 directly to customers outside es valued in excess of \$50,000 to utside your State? If no, indicate e services valued in excess of \$50 stations, commercial buildings, educated outside ed in excess of \$50,000 directly to 0 from directly outside your State excess of \$50,000 from directly outside	e your State? If no, indicate actual value customers in your State who purchase the value of any such services you 2,000 to public utilities, transit systems ducational institutions, or retail concerne your State? If less than \$50,000, indicate amounts is ide your State? If less than \$50,000, indicate amounts is ide your State? If less than \$50,000, indicate amounts is ide your State? If less than \$50,000, indicate amounts is ide your State? If less than \$50,000, indicate amounts is ide your State? If less than \$50,000, indicate amounts is ide your State? If less than \$50,000, indicate amounts is ide your State? If less than \$50,000, indicate amounts is ide your State? If less than \$50,000, indicate amounts is ide your State? If less than \$50,000, indicate amounts is ide your State? If less than \$50,000, indicate amounts is ide your State? If less than \$50,000, indicate amounts is ide your State? If less than \$50,000, indicate amounts is ide your State? If less than \$50,000, indicate amounts is ide your State? If less than \$50,000, indicate amounts is ide your State? If less than \$50,000, indicate amounts is ide your State? If less than \$50,000, indicate amounts is ideal.	YES d , , , , , cate who nt.	NO NO
[] \$100,000 [] \$250,000 [] \$500,000 [] \$1,000,000 or more If less than \$100,000, indicate amount. I. Did you begin operations within the last 12 months? If yes, specify date: 10. ARE YOU A MEMBER OF AN ASSOCIATION OR OTHER EMPLOYER GROUP THAT ENGAGES IN COLLECTIVE BARGAINING? [] YES [] NO (If yes, name and address of association or group).	[] \$100,000 [] \$250,000 [] \$500,000 [] \$1,000,000 or more If less than \$100,000, indicate amount. I. Did you begin operations within the last 12 months? If yes, specify date: 10. ARE YOU A MEMBER OF AN ASSOCIATION OR OTHER EMPLOYER GROUP THAT ENGAGES IN COLLECTIVE BARGAINING? [] YES [] NO (If yes, name and address of association or group). 11. REPRESENTATIVE BEST QUALIFIED TO GIVE FURTHER INFORMATION ABOUT YOUR OPERATIONS	A. Did you provide services valued in excess of \$50 \$	propriate box): [] CALENDAR [e your State? If no, indicate actual value customers in your State who purchase the value of any such services you 2,000 to public utilities, transit systems ducational institutions, or retail concerne your State? If less than \$50,000, indicate amounts is ide your State? If less than \$50,000, indicate amounts is ide your State? If less than \$50,000, indicate amounts is ide your State? If less than \$50,000, indicate amounts is ide your State? If less than \$50,000, indicate amounts is ide your State? If less than \$50,000, indicate amounts is ide your State? If less than \$50,000, indicate amounts is ide your State? If less than \$50,000, indicate amounts is ide your State? If less than \$50,000, indicate amounts is ide your State? If less than \$50,000, indicate amounts is ide your State? If less than \$50,000, indicate amounts is ide your State? If less than \$50,000, indicate amounts is ide your State? If less than \$50,000, indicate amounts is ide your State? If less than \$50,000, indicate amounts is ide your State? If less than \$50,000, indicate amounts is ide your State? If less than \$50,000, indicate amounts is ide your State? If less than \$50,000, indicate amounts is ideal.	YES d , , ns? cate who nt.	NO NO
10. ARE YOU A MEMBER OF AN ASSOCIATION OR OTHER EMPLOYER GROUP THAT ENGAGES IN COLLECTIVE BARGAINING? [] YES [] NO (If yes, name and address of association or group).	10. ARE YOU A MEMBER OF AN ASSOCIATION OR OTHER EMPLOYER GROUP THAT ENGAGES IN COLLECTIVE BARGAINING? [] YES [] NO (If yes, name and address of association or group). 11. REPRESENTATIVE BEST QUALIFIED TO GIVE FURTHER INFORMATION ABOUT YOUR OPERATIONS	A. Did you provide services valued in excess of \$50 \$	propriate box): [] CALENDAE [,000 directly to customers outside es valued in excess of \$50,000 to utside your State? If no, indicate e services valued in excess of \$50 stations, commercial buildings, en rectly to customers located outside ed in excess of \$50,000 directly to from directly outside your State excess of \$50,000 from directly outside excess of \$50,000 from enterprises indicate amount. \$	e your State? If no, indicate actual value customers in your State who purchase the value of any such services you 1,000 to public utilities, transit systems ducational institutions, or retail concerne your State? If less than \$50,000, indicate amounts in the customers located inside your State with the customers located inside your State with the state of the state	YES d , , ns? cate who nt.	NO NO
[] YES [] NO (If yes, name and address of association or group).	[] YES [] NO (If yes, name and address of association or group). 11. REPRESENTATIVE BEST QUALIFIED TO GIVE FURTHER INFORMATION ABOUT YOUR OPERATIONS	A. Did you provide services valued in excess of \$50 \$	propriate box): [] CALENDAE [,000 directly to customers outside es valued in excess of \$50,000 to utside your State? If no, indicate e services valued in excess of \$50 stations, commercial buildings, en rectly to customers located outside ed in excess of \$50,000 directly to from directly outside your State excess of \$50,000 from directly outside excess of \$50,000 from enterprises indicate amount. \$	e your State? If no, indicate actual value customers in your State who purchase the value of any such services you 2,000 to public utilities, transit systems ducational institutions, or retail concerne your State? If less than \$50,000, indicate amounts in the customers located inside your State or a files than \$50,000, indicate amounts idea your State? If less than \$50,000, indicate amounts idea your State? If less than \$50,000, who received the goods directly from tourt)	YES d , , ns? cate who nt.	NO NO
	11. REPRESENTATIVE BEST QUALIFIED TO GIVE FURTHER INFORMATION ABOUT YOUR OPERATIONS	A. Did you provide services valued in excess of \$50 \$ B. If you answered no to 9A, did you provide service goods valued in excess of \$50,000 from directly oprovided. \$ C. If you answered no to 9A and 9B, did you provide newspapers, health care institutions, broadcasting If less than \$50,000, indicate amount. \$ D. Did you sell goods valued in excess of \$50,000 diamount. \$ E. If you answered no to 9D, did you sell goods value purchased other goods valued in excess of \$50,000 \$ F. Did you purchase and receive goods valued in eximidicate amount. \$ G. Did you purchase and receive goods valued in expoints outside your State? If less than \$50,000, H. Gross Revenues from all sales or performance of [] \$100,000 [] \$250,000 [] \$500,000	propriate box): [] CALENDAE [,000 directly to customers outside es valued in excess of \$50,000 to utside your State? If no, indicate e services valued in excess of \$50 stations, commercial buildings, en rectly to customers located outside ed in excess of \$50,000 directly to 0 from directly outside your State excess of \$50,000 from directly outside excess of \$50,000 from enterprises indicate amount. \$ f services (Check the largest amount [] \$1,000,000 or more If less	e your State? If no, indicate actual value customers in your State who purchase the value of any such services you 2,000 to public utilities, transit systems ducational institutions, or retail concerne your State? If less than \$50,000, indicate amounts in the customers located inside your State or a files than \$50,000, indicate amounts idea your State? If less than \$50,000, indicate amounts idea your State? If less than \$50,000, who received the goods directly from tourt)	YES d , , ns? cate who nt.	NO NO
11. REPRESENTATIVE BEST QUALIFIED TO GIVE FURTHER INFORMATION ABOUT YOUR OPERATIONS		Puring the Most Recent (Check the applications) A. Did you provide services valued in excess of \$50 \$ B. If you answered no to 9A, did you provide service goods valued in excess of \$50,000 from directly oprovided. \$ C. If you answered no to 9A and 9B, did you provide newspapers, health care institutions, broadcasting If less than \$50,000, indicate amount. \$ D. Did you sell goods valued in excess of \$50,000 diamount. \$ E. If you answered no to 9D, did you sell goods value purchased other goods valued in excess of \$50,000 \$ F. Did you purchase and receive goods valued in exidicate amount. \$ G. Did you purchase and receive goods valued in expoints outside your State? If less than \$50,000, H. Gross Revenues from all sales or performance of \$100,000 \$ I. Did you begin operations within the last 12 metrics.	propriate box): [] CALENDAE [,000 directly to customers outside es valued in excess of \$50,000 to utside your State? If no, indicate e services valued in excess of \$50 stations, commercial buildings, ed rectly to customers located outside ed in excess of \$50,000 directly to from directly outside your State excess of \$50,000 from directly out excess of \$50,000 from enterprises indicate amount. \$ fr services (Check the largest amounts) [] \$1,000,000 or more If less onths? If yes, specify date:	eyour State? If no, indicate actual value customers in your State who purchases the value of any such services you 2,000 to public utilities, transit systems ducational institutions, or retail concerne your State? If less than \$50,000, indicate amount is idea to customers located inside your State very less than \$50,000, indicate amount is idea to customers located inside your State very less than \$50,000, indicate amount is idea your State? If less than \$50,000, who received the goods directly from the point to the property of the pool of the property of the pool of the property in the property of the property is not provided in the property of	YES d , , , , , , , , , , cate who nt.	
		A. Did you provide services valued in excess of \$50 \$	propriate box): [] CALENDAE group of the propriate box of \$50,000 to putside your State? If no, indicate the services valued in excess of \$50,000 directly to customers located outside the propriate box of \$50,000 from directly outside your State that the propriate state of \$50,000 from directly outside amount. \$	eyour State? If no, indicate actual value customers in your State who purchases the value of any such services you 2,000 to public utilities, transit systems ducational institutions, or retail concerne your State? If less than \$50,000, indicate amount is idea to customers located inside your State very less than \$50,000, indicate amount is idea to customers located inside your State very less than \$50,000, indicate amount is idea your State? If less than \$50,000, who received the goods directly from the point to the property of the pool of the property of the pool of the property in the property of the property is not provided in the property of	YES d , , , , , , , , , , cate who nt.	
NAME TITLE E-MAIL ADDRESS TEL. NUMBER		Puring the Most Recent (Check the applications) A. Did you provide services valued in excess of \$50 \$ B. If you answered no to 9A, did you provide service goods valued in excess of \$50,000 from directly oprovided. \$ C. If you answered no to 9A and 9B, did you provide newspapers, health care institutions, broadcasting If less than \$50,000, indicate amount. \$ D. Did you sell goods valued in excess of \$50,000 diamount. \$ E. If you answered no to 9D, did you sell goods value purchased other goods valued in excess of \$50,000 \$ F. Did you purchase and receive goods valued in excess of \$50,000 \$ G. Did you purchase and receive goods valued in expoints outside your State? If less than \$50,000, H. Gross Revenues from all sales or performance of \$100,000 \$ I. Did you begin operations within the last 12 m. 10. ARE YOU A MEMBER OF AN ASSOCIATION \$100.000 \$ S. S	propriate box): [] CALENDAE group of the propriate box): [] CALENDAE group of the propriate box): [] CALENDAE group of the propriate box of \$50,000 to putside your State? If no, indicate the services valued in excess of \$50,000 stations, commercial buildings, expectly to customers located outside the propriate box of \$50,000 directly to the propriate box of \$50,000 from directly outside your State box of \$50,000 from enterprises indicate amount. \$	eyour State? If no, indicate actual value customers in your State who purchases the value of any such services you 2,000 to public utilities, transit systems ducational institutions, or retail concerne eyour State? If less than \$50,000, indicate amount is ide your State? If less than \$50,000, who received the goods directly from than \$100,000, indicate amount.	YES d , ns? cate who nt.	

SIGNATURE

12. AUTHORIZED REPRESENTATIVE COMPLETING THIS QUESTIONNAIRE

NAME AND TITLE (Type or Print)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations
Board (NLRB) in processing representation and/or unfair labor practice proceedings and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71
Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary. However, failure to supply the information may cause
the NLRB to refuse to process any further a representation or unfair labor practice case, or may cause the NLRB to issue you a subpoena and seek enforcement of the subpoena in federal court.

E-MAIL ADDRESS

DATE

UNITED STATES OF AMERICA

BEFORE THE NATIONAL LABOR RELATIONS BOARD

UNITED LAUNCH ALLIANCE Charged Party and INTERNATIONAL ASSOCIATION OF	Case 10-CA-284608
MACHINISTS AND AEROSPACE WORKERS, AFL-CIO Charging Party	
AFFIDAVIT OF SERVICE OF CHARGE AGAINS	T EMPLOYER
I, the undersigned employee of the National Labor Relational November 5, 2021, I served the above-entitled document following persons, addressed to them at the following a	nt(s) by post-paid regular mail upon the
Amanda Brough, LR Manager United Launch Alliance 1001 Red Hat Rd. Decatur, AL 35601	
November 5, 2021	Kalsey Harrison, Designated Agent of NLRB

Date

Name

Signature

/s/ Kalsey Harrison



REGION 10 401 W. Peachtree Street, NE Suite 472 Atlanta, GA 30308

Agency Website: www.nlrb.gov Telephone: (404)331-2896 Fax: (404)331-2858

March 4, 2022

(b)(6), (b)(7)(C)

IAMAW, District Lodge 75 502 Plaza Dr. Enterprise, AL 36330

> United Launch Alliance Case 10-CA-284608

Dear (b) (6), (b) (7)(C)

We have carefully investigated and considered your charge that United Launch Alliance has violated the National Labor Relations Act.

Decision to Dismiss: Based on that investigation, I have decided to dismiss your charge for the reasons discussed below.

Your charge involves the Employer's Covid-19 vaccination policy and potential religious exemptions thereto, and makes three allegations against the Charged Party, United Launch Alliance ("ULA"):

- 1. Unilateral change related to the Employer no longer allowing serology testing to be a substitute for Covid-19 vaccination,
- 2. Unilateral implementation of an attestation form for employees claiming religious exemptions from the Covid-19 vaccination, and
- 3. Failure to provide the Union with the talking point document/questions used by the Employer's managers to interview employees regarding their requested religious exemptions from vaccination.

In regard to the serology testing unilateral change, this change was required by Executive Order 14042, which required all employees of federal contractors, such as ULA to be vaccinated against Covid-19. The interpretative guidance provided by the government specifically stated that serology testing was not an acceptable substitute for vaccination. This was a mandate with which ULA had to comply. The Board has previously held that an employer is relieved from its obligation to bargain over a change to employees' terms and conditions of employment, if such a change is required by law. See *Murphy Oil USA*, 286 NLRB 1039, 1042 (1987); and *Standard Candy Company*, 147 NLRB 1070, 1073 (1964). The prohibition against the use of serology testing was a provision which ULA had no discretion over and one which was required by law. Thus, ULA did not violate Section 8(a)(5) of the National Labor Relations Act when it implemented this change.

In regard to the attestation form unilateral change, the Board has recognized that not every minor unilateral change in working conditions constitutes an unfair labor practice. To violate Section 8(a)(5), the change in working conditions must be "material, substantial and significant." Xidex Corp. v. NLRB, 924 F.2d 245, 253 (D.C. Cir. 1991). ULA's use of an attestation form to provide it with additional information about employees' exemption requests does not rise to the level of a "material, substantial and significant" change to employees' terms and conditions of employment. Additionally, the parties' negotiated agreement, the Declaration of Commitment, states that the Employer will undertake an interactive process with employees to determine the merit of their religious exemption requests. It appears the form is part of that interactive process.

Lastly, the Union's initially requested outline and the later requested questions were prepared by the Employer's legal counsel in anticipation of potential future litigation. Otherwise relevant information is sometimes exempt from production because it is confidential, proprietary, or otherwise privileged. See, e.g., *Detroit Edison Co. v. NLRB*, 440 U.S. 301, 319-320 (1979). Given the possibility that the religious accommodation requests could be denied and then subject to judicial or administrative scrutiny, ULA's counsel had an objectively reasonable belief that litigation was a real possibility. Therefore, the attorney work product privilege shields the outline and questions prepared by counsel from production to the Union. See *Ralphs Grocery Co.*, 352 NLRB 128 (2008) ("attorney work-product privilege applies to documents prepared by a party or his representative in anticipation of litigation."). Additionally, the Union had representatives present for many of these meetings and such representatives heard the questions and discussions at issue. As such, the requests do not appear relevant or necessary under the circumstances. Finally, the Union's need for the questions is outweighed by the Employer's attorney work product privilege since the Employer did not rely on any of the information from the discussions for its blanket denial of all religious accommodation requests.

Charging Party's Right to Appeal: The Charging Party may appeal my decision to the General Counsel of the National Labor Relations Board, through the Office of Appeals.

Means of Filing: You must file your appeal electronically or provide a written statement explaining why electronic submission is not possible or feasible. Written instructions for the NLRB's E-Filing system and the Terms and Conditions of the NLRB's E-Filing policy are available at www.nlrb.gov. See User Guide. A video demonstration which provides step-by-step instructions and frequently asked questions are also available at www.nlrb.gov. If you require additional assistance with E-Filing, please contact e-Filing@nlrb.gov.

You are encouraged to also submit a complete statement of the facts and reasons why you believe my decision was incorrect. If you cannot file electronically, please send the appeal and your written explanation of why you cannot file electronically to the **General Counsel** at the **National Labor Relations Board, Attn: Office of Appeals, 1015 Half Street SE, Washington, DC 20570-0001**. Unless filed electronically, a copy of the appeal should also be sent to me.

The appeal MAY NOT be filed by fax or email. The Office of Appeals will not process faxed or emailed appeals.

Appeal Due Date: The appeal is due on March 18, 2021. If the appeal is filed electronically, the transmission of the entire document through the Agency's website must be completed no later than 11:59 p.m. Eastern Time on the due date. If filing by mail or by delivery service an appeal will be found to be timely filed if it is postmarked or given to a delivery service no later than March 17, 2021. If an appeal is postmarked or given to a delivery service on the due date, it will be rejected as untimely. If hand delivered, an appeal must be received by the General Counsel in Washington D.C. by 5:00 p.m. Eastern Time on the appeal due date. If an appeal is not submitted in accordance with this paragraph, it will be rejected.

Extension of Time to File Appeal: The General Counsel may allow additional time to file the appeal if the Charging Party provides a good reason for doing so and the request for an extension of time is **received on or before March 18, 2021.** The request may be filed electronically through the *E-File Documents* link on our website www.nlrb.gov, by fax to (202)273-4283, by mail, or by delivery service. The General Counsel will not consider any request for an extension of time to file an appeal received after March 18, 2021, **even if it is postmarked or given to the delivery service before the due date**. Unless filed electronically, a copy of the extension of time should also be sent to me.

Confidentiality: We will not honor requests to limit our use of appeal statements or evidence. Upon a request under the Freedom of Information Act (FOIA) by a party during the processing of an appeal, the Agency's FOIA Branch discloses appeal statements, redacted for personal privacy, confidential source protection, or other applicable FOIA exemptions. In the event the appeal is sustained, any statement or material submitted may be introduced as evidence at a hearing before an administrative law judge. However, certain evidence produced at a hearing may be protected from public disclosure by demonstrated claims of confidentiality.

Very Truly Yours,

LISA Y. HENDERSON Regional Director

Enclosure

cc: Jonathan Spitz, AttorneyJackson Lewis P.C.171 17th Street, NW, Suite 1200Atlanta, GA 30363